



**CAMPAIGN CONTRIBUTION STATEMENT  
POLITICAL ACTION COMMITTEES (PAC'S)  
SECRETARY OF STATE  
SFN 539889 (01-2011)**

**RECEIVED**

JAN 08 2013  
SEC. OF STATE

Secretary of State  
State of North Dakota  
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Web Site: www.nd.gov/sos

SEE REVERSE SIDE FOR REPORTING REQUIREMENTS AND INSTRUCTIONS

Campaign contribution reporting provisions are found in North Dakota Century Code, Chapter 16.1-08.1.

Please print.

**Section A**

Full name of PAC (e.g. North Dakota Retail Association PAC, )  
**BNI COAL PAC ND**

Acronym of committee name if applicable (e.g. NDRA-PAC)

Committee address (street address or post office box)  
**P.O. BOX 897** City **BISMARCK** State **ND** Zip Code **58502**

Name of person completing this report  
**Chris Blowers** Daytime Telephone Number **222-8828**

**Section B**

TYPE OF REPORT	ELECTION DATE	REPORT DUE DATE	REPORT COVERS
<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT		Due twelve days before the election	January 1 through twenty days before election
<input type="checkbox"/> PRE-GENERAL ELECTION REPORT			
<input type="checkbox"/> PRE-SPECIAL ELECTION REPORT			
<input checked="" type="checkbox"/> YEAR END REPORT		January 31 each year	Entire calendar year
<input type="checkbox"/> 48-HOUR REPORT		Within 48 hours if a contribution in excess of \$500 is received within 20 days before the election	Twenty day period before election
<input type="checkbox"/> AMENDED (also mark applicable report being amended above)			

**Section C (This section does not apply to 48-hour reports)**

Cash on hand in fund at beginning of reporting period (January 1 or date of your committee registration) \$ **4288.07**

Cash on hand in fund at end of reporting period \$ **1755.07**

Gross total of all contributions received in excess of \$200 \$ **1910.00**

Gross total of all contributions received of \$200 or less \$ **182.00**

Gross total of all expenditures made in excess of \$200 \$ **2000.00**

Gross total of all expenditures made of \$200 or less \$ **2625.00**

STATE OF NORTH DAKOTA  
Office of Secretary of State

I hereby certify that this is a true and correct copy, consisting of 4 pages as taken from the original on file in the office. Originality of this certification can be determined by the color red.

Avin A. Jaeger  
SECRETARY OF STATE

DATED: 5-1-13

**Section D**

I, **CHRIS BLOWERS** certify that I have examined this Campaign Contribution Statement, including any attached addenda for filing with this statement, and to the best of my knowledge and belief it is true, correct and complete.

**Chris Blowers** Signature of person completing this report

**1-7-13** Date

SPN 53089 (01-2011) Page 3

**SCHEDULE 1 - Contributions Received In Excess of \$200 and under \$5,000**

Attach additional pages if necessary. Please print.

- No reportable contributions for reporting period.
- No reportable contributions since last report filed.

CONTRIBUTOR NAME	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE BISMARCK ND 58001	\$ 200	03/15/08

CONTRIBUTOR NAME (last name, first name)	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
1 Bob Porsborg	Box 93 Center, ND 58530	\$ 260	Payroll deduction 12/21/12
2 Lee Alderin	1190 37th AVE SW Center, ND 58530	\$ 260	↓
3 Steve Bennett	2945 Hwy 25 Center, ND 58530	\$ 260	
4 Mike Heger	105 Dakota Ridge Ave Underwood ND 58576	\$ 350	
5 Allen Johnson	709 5th Ave NE Mandan ND 58554	\$ 260	
6 WADE Boeshans	1236 Riverside Lane Washburn, ND 58577	\$ 260	
7 Chuck Curtiss	3795 28 1/2 Ave Mandan, ND 58554	\$ 260	
8		\$	
9		\$	
10		\$	
11		\$	
12		\$	
13		\$	

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BFN 53609 (01-2011) Page 4

**SCHEDULE 2 - Contributions Received of \$5,000 or more**

Page / of /

Attach additional pages if necessary. Please print.

CONTRIBUTOR NAME	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE BISMARCK ND 58501	\$ 5,000	03/15/08
OCCUPATION: DOCTOR	EMPLOYER: GENERAL HOSPITAL	PRINCIPAL PLACE OF BUSINESS ADDRESS: ABC STREET, BISMARCK, ND 58501	

CONTRIBUTOR NAME (last name, first name)	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
1	<b>NONE TO REPORT</b>		
OCCUPATION:	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
2		\$	
OCCUPATION:	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
3		\$	
OCCUPATION:	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
4		\$	
OCCUPATION:	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
5		\$	
OCCUPATION:	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
6		\$	
OCCUPATION:	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
7		\$	
OCCUPATION:	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
8		\$	
OCCUPATION:	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	

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SFN 63869 (01-2011) Page 8

**SCHEDULE 3 - Expenditures Made**

Page / of /

Attach additional pages if necessary. Please print.

- No reportable expenditures for reporting period
- No reportable expenditures since last report filed.

EXPENDITURE RECIPIENT	ADDRESS	AGGREGATE AMOUNT	DATE OF MOST RECENT EXPENDITURE MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE BISMARCK ND 58501	\$ 250	03/15/08

EXPENDITURE RECIPIENT (last name, first name)	ADDRESS	AGGREGATE AMOUNT	DATE OF MOST RECENT EXPENDITURE MONTH/DAY/YEAR
1 Dalrymple FOR Governor	Box 952 Bismarck ND 58502	\$ 1,000	6/14/12
2 COAL PAC	P.O. Box 2277 Bismarck ND 58502	\$ 1,000	6/27/12
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	
10		\$	
11		\$	
12		\$	
13		\$	

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