

## NORTH DAKOTA ETHICS COMMISSION

SFN 62343 (2-2024)

#### Case Number

Article XIV of the North Dakota Constitution prohibits gifts from lobbyists to public officials. Pursuant to its constitutional authority, the Ethics Commission has adopted exclusions in the Commission's rules regarding this lobbyist-gift prohibition. Under these rules, "food and beverage served for immediate consumption at any private or public social or educational event" is excluded from the lobbyist-gift prohibition.

Prior to a public or private social and educational event, the sponsor shall file this notice form with the Ethics Commission providing details of the planned event. Please note filing the form does NOT constitute approval of the event by the Ethics Commission.

If you have questions about this form or would like to request the form in an alternate format, contact the Ethics Commission at (701) 328-5325. We will take reasonable steps to accommodate your needs.

## **CONTACT INFORMATION**

Name Greg Tehven

Address 411 8th Ave S

Fargo, North Dakota, 58103

Email Address gtehven@gmail.com

**Phone Number** (701) 361-7274

Are you a registered lobbyist?

Lobbyist Badge Number 1223

**EVENT INFORMATION** 

**Event Name** Governer's Heritage Foundation Inauguration Charitable

Fundraiser

**Event Start Date** Saturday, January 18, 2025

**Event End Date** Saturday, January 18, 2025

**Location** Bismarck Event Center

Governor's Heritage Foundation

Type of Event

Public Social and Educational Event

#### **Educational Component of Event (describe with detail)**

General awareness of mission and needs of the Great Plains Foodbank and the North Dakota FFA Foundation. The event will also educate on aspects of North Dakota history.

Number of Total Projected Attendees 1500

Number of Projected Attendees who are Public Officials \*

250

Number of Projected Attendees who are Registered Lobbyists

50

Total Estimated Cost of Event per

200

Attendee

## Description of Costs Associated with the Event (e.g. venue rental, educational materials, food/beverage)

Venue rental, production, food, beverage, security, insurance, education materials, decorations, and entertainment.

Reminder: Food and beverage must be for immediate consumption ONLY.

## Additional Comments (optional)

The event is free and open to the public. Attendees are asked to bring non-perishable food items to contribute to mission of the beneficiary charities.

#### **Add Supporting Documents**

**Certification**I certify that the information provided in this meeting

notice is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding

this meeting notice.

**Signature (typed name is acceptable)** Gregory Roy Tehven

Date Wednesday, January 8, 2025



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#### CONTACT INFORMATION

Name Amber Larson

Address 3456 E. Century Ave.

Bismarck, ND, 58503

Email Address amber.larson@bartwest.com

**Phone Number** (701) 221-8406

Are you a registered lobbyist?

**Lobbyist Badge Number** 

**EVENT INFORMATION** 

**Event Name**Bartlett & West ND Water EXPO Social

**Event Start Date** Wednesday, January 22, 2025

**Event End Date** Wednesday, January 22, 2025

**Location** Laughing Sun Brewing Co.

Sponsor(s) Bartlett & West

Type of Event Private Social and Educational Event

#### **Educational Component of Event (describe with detail)**

In addition to providing food, beverages, networking and ax throwing, we will have water system information on display for attendees.

Number of Total Projected Attendees 50

Number of Projected Attendees who are Public Officials \*

10

Number of Projected Attendees who

0

are Registered Lobbyists

Total Estimated Cost of Event per Attendee

75

# Description of Costs Associated with the Event (e.g. venue rental, educational materials, food/beverage)

Venue rental, food buffet, drink tickets and ax throwing activity.

Reminder: Food and beverage must be for immediate consumption ONLY.

**Additional Comments (optional)** 

**Add Supporting Documents** 

Certification I certify that the information provided in this meeting

notice is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding

this meeting notice.

**Signature (typed name is acceptable)** Amber Larson

Date Wednesday, January 8, 2025



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#### CONTACT INFORMATION

Name Jean Schafer

Address 1717 E Interstate Ave

Bismarck, ND, 58503

Email Address Jeans@bepc.com

**Phone Number** (701) 400-5814

Are you a registered lobbyist?

**Lobbyist Badge Number** 8

**EVENT INFORMATION** 

**Event Name** Power Supply Infrastructure Needs in Central and Western ND

**Event Start Date** Monday, January 20, 2025

**Event End Date** Monday, January 20, 2025

**Location** Basin Electric Power Cooperative

Sponsor(s) Basin Electric

Type of Event Private Social and Educational Event

#### **Educational Component of Event (describe with detail)**

Basin Electric will provide an overview of the generation and transmission infrastructure needs facing central and western ND based on the current load forecasts for the next 8 to 10 years. This is an opportunity for policy makers to ask questions related to what is driving the growth, speed of growth and investment requirements to address the infrastructure needs facing power supply in North Dakota.

Number of Total Projected Attendees 32

Number of Projected Attendees who 27 are Public Officials \*

Number of Projected Attendees who

are Registered Lobbyists

Total Estimated Cost of Event per Attendee

25

3

# Description of Costs Associated with the Event (e.g. venue rental, educational materials, food/beverage)

This will be held in the evening at 5 p.m. and we will be providing some charcuterie and wine to the attendees so food/beverage will be the only cost associated with the event since we will hold it in our office complex and our CEO will be providing the industry overview.

Reminder: Food and beverage must be for immediate consumption ONLY.

**Additional Comments (optional)** 

**Add Supporting Documents** 

Certification I certify that the information provided in this meeting

notice is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding

this meeting notice.

Signature (typed name is acceptable) Jean Schafer

Date Wednesday, January 8, 2025



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#### CONTACT INFORMATION

Name Samantha Zimmerman

Address 3501 University Ave

Grand Forks, North Dakota, 58201

Email Address samanthaz@undalumni.net

**Phone Number** (701) 777-3493

Are you a registered lobbyist?

**Lobbyist Badge Number** 

**EVENT INFORMATION** 

**Event Name**UND NDSU Legislative Reception

**Event Start Date** Thursday, January 16, 2025

**Event End Date** Thursday, January 16, 2025

**Location** 1601 N 12th St, Bismarck, ND 58501

UND Alumni Association & Foundation and NDSU Foundaiton

#### Type of Event

Public Social and Educational Event

#### **Educational Component of Event (describe with detail)**

This gathering offers a unique opportunity to connect with alumni, friends, legislators, and members of the UND Advocates and Bison Caucus. These dedicated individuals play a critical role in supporting our universities and informing stakeholders about legislative developments impacting higher education in North Dakota.

Number of Total Projected Attendees 200

Number of Projected Attendees who are Public Officials \*

141

Number of Projected Attendees who are Registered Lobbyists

10

Total Estimated Cost of Event per Attendee

0

# Description of Costs Associated with the Event (e.g. venue rental, educational materials, food/beverage)

There is not cost to attend the event, but if there was a cost it would be \$25 per person.

Reminder: Food and beverage must be for immediate consumption ONLY.

## Additional Comments (optional)

All 141 legislators and all state office holders are being invited to attend.

Some of the UND alums who will be invited to join us are registered lobbyists. It is unclear who many will attend.

#### Add Supporting Documents

Certification

I certify that the information provided in this meeting notice is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding

this meeting notice.

Signature (typed name is acceptable) Samantha Zimmerman

Date Thursday, January 9, 2025



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#### CONTACT INFORMATION

Name Ben Hanson

Address 2033 33rd Ave S

Fargo, North Dakota, 58104

Email Address ben.hanson@cancer.org

**Phone Number** (701) 446-8634

Are you a registered lobbyist?

Lobbyist Badge Number 1520

**EVENT INFORMATION** 

**Event Name** ACS CAN Cancer Day of Action (Day at the Capitol

**Event Start Date** Monday, January 13, 2025

**Event End Date** Monday, January 13, 2025

**Location** State Capitol, Memorial Hall, Bismarck, ND

The American Cancer Society Cancer Action Network

Type of Event

Public Social and Educational Event

#### **Educational Component of Event (describe with detail)**

Educating legislators on current cancer rates, new innovations in screening and treatment medical technology and raising awareness of details of 2025 legislation regarding

**Number of Total Projected Attendees** 175

Number of Projected Attendees who

are Public Officials \*

141

**Number of Projected Attendees who** 

are Registered Lobbyists

1

**Total Estimated Cost of Event per** 

Attendee

12.50

## Description of Costs Associated with the Event (e.g. venue rental, educational materials, food/beverage)

Boxed lunches are being purchased from the state capitol's cafeteria for lunch at this educational form in Memorial hall.

Reminder: Food and beverage must be for immediate consumption ONLY.

## Additional Comments (optional)

## **Add Supporting Documents**



2025 Day At the Capitol invite.pdf

Certification

I certify that the information provided in this meeting notice is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding this meeting notice.

Signature (typed name is acceptable) Ben Hanson

Friday, January 10, 2025 Date



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#### CONTACT INFORMATION

Name Heather Chatham

Address 915 25th Ave S

Grand Forks, ND, 58201

Email Address hchatham160@mygfschools.org

**Phone Number** (701) 899-3665

Are you a registered lobbyist?

**Lobbyist Badge Number** 

**EVENT INFORMATION** 

**Event Name** Early Childhood Day Meet and Greet and Early Childhood Day

at the Capital

**Event Start Date** Wednesday, January 29, 2025

**Event End Date** Thursday, January 30, 2025

**Location** Gateway to Science Center and North Dakota State Capitol

### **Type of Event**

Public Social and Educational Event

### **Educational Component of Event (describe with detail)**

Early Childhood Partner Exhibits, Networking with Legislators and State Policy Makers, Appearance of Celebrity Book Readings for Children

**Number of Total Projected Attendees** 100

Number of Projected Attendees who are Public Officials \*

50

Number of Projected Attendees who

are Registered Lobbyists

5

Total Estimated Cost of Event per Attendee

0

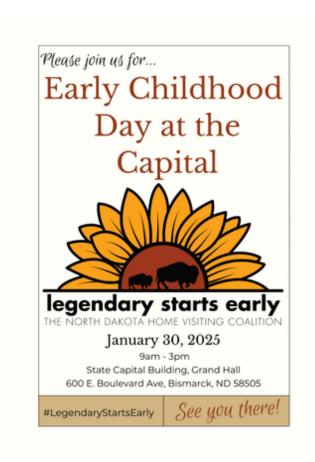
# Description of Costs Associated with the Event (e.g. venue rental, educational materials, food/beverage)

The only cost associated with this event is food (light appetizers and mocktails) at the Meet and Greet the night before but at no cost to the attendees.

Reminder: Food and beverage must be for immediate consumption ONLY.

## Additional Comments (optional)

### **Add Supporting Documents**





### Certification

I certify that the information provided in this meeting notice is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding this meeting notice.

Signature (typed name is acceptable)

Heather Chatham

**Date** 

Friday, January 10, 2025



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#### CONTACT INFORMATION

Name Juliana Gyamfuah Antwi

Address 3301 Broadway N Apt 202

Fargo, North Dakota, 58202

Email Address juliana.antwi@und.edu

**Phone Number** (346) 227-9750

Are you a registered lobbyist?

**Lobbyist Badge Number** 

**EVENT INFORMATION** 

**Event Name** North Dakota Public Health Association Legislative Reception

**Event Start Date** Tuesday, January 28, 2025

**Event End Date** Tuesday, January 28, 2025

**Location** Northern Lights Atrium of the North Dakota Heritage Center in

Bismarck, ND.

North Dakota Public Health Association

**Type of Event** 

Private Social and Educational Event

#### **Educational Component of Event (describe with detail)**

The NDPHA Legislative Reception incorporates an educational component tailored to legislators, providing an opportunity to deepen understanding of critical public health issues affecting our communities. This segment highlights evidence-based strategies, current challenges, and the role of policy in driving meaningful health outcomes. By fostering dialogue and sharing resources, the event equips legislators with valuable insights to inform decision-making and promote effective public health initiatives that benefit their constituents.

Number of Total Projected Attendees 50

Number of Projected Attendees who are Public Officials \*

30

Number of Projected Attendees who are Registered Lobbyists

0

**Total Estimated Cost of Event per Attendee** 

45

Description of Costs Associated with the Event (e.g. venue rental, educational materials, food/beverage)

Cost

Venue \$750 Food \$1500 Total cost: \$2250

Reminder: Food and beverage must be for immediate consumption ONLY.

Additional Comments (optional)

**Add Supporting Documents** 

**Certification**I certify that the information provided in this meeting

notice is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding

this meeting notice.

Signature (typed name is acceptable) Juliana Gyamfuah Antwi

Date Friday, January 10, 2025



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#### CONTACT INFORMATION

Name Zac Smith

Address PO Box 727

Mandan, ND, 58554

Email Address zsmith@ndarec.com

**Phone Number** (701) 667-6414

Are you a registered lobbyist?

Lobbyist Badge Number 113

**EVENT INFORMATION** 

**Event Name** Welcome reception for NDAREC members and guests

**Event Start Date** Monday, February 10, 2025

**Event End Date** Monday, February 10, 2025

**Location** Lineworker Training Center - 3201 Nygren Dr, Mandan, North

Dakota

North Dakota Association of Rural Electric Cooperatives

Type of Event

Private Social and Educational Event

#### **Educational Component of Event (describe with detail)**

Attendees will be introduced to the 22 members of the North Dakota Association of Rural Electric Cooperatives with statistical and geographical data about each member. Statistical information will include members served, kilowatt hours sold, load type (industrial v residential), total outage time, and dollars returned back to the community. Geographical data will include service territory. Additionally, the managers and boards of directors of each member will be shared.

Number of Total Projected Attendees 250

Number of Projected Attendees who are Public Officials \*

150

Number of Projected Attendees who are Registered Lobbyists

2

Total Estimated Cost of Event per Attendee

45

# Description of Costs Associated with the Event (e.g. venue rental, educational materials, food/beverage)

The event is held at our headquarters during our annual meeting, so the only cost associated is for the catering and the printing of our annual impact pamphlet (which we print additional copies for legislative session).

Reminder: Food and beverage must be for immediate consumption ONLY.

Additional Comments (optional)

**Add Supporting Documents** 

Certification I certify that the information provided in this meeting

notice is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding

this meeting notice.

Signature (typed name is acceptable) Zac Smith

Date Saturday, January 11, 2025