



### Organization Independent Expenditure - Expressly Advocating

**\*Important: You must fill out one Communication Statement for EACH communication disseminated, broadcasted or published.\***

SDCL § 12-27-16 requires any person or organization that makes a payment or promise of payment totaling \$100.00 or more, including in-kind contributions, for a communication which expressly advocates for or against a candidate, public office holder, ballot question, or political party to file a statement within 48 hours of the time that the communication is disseminated, broadcast, or otherwise published.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Chief Executive Officer of Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Name of Person Who Authorized Expenditure

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Name and Title of Person Filing Report

\_\_\_\_\_  
Website

<b>Is a copy of the Communication attached?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ <b>Cost of Communication</b>

If not attached, please describe Communication below:


List the candidate, public office holder, ballot question, or political party mentioned in the Communication:

Name	Candidate, public office holder, ballot, question, or political party

**List the top five contributors to the organization in the last twelve months**

Name	Street Address, City, State, and Zip

**Small Organization**

SDCL § 12-27-16 requires if the independent expenditure is made by an organization comprised of twenty or fewer members or shareholders, this statement must also include the name and address of each shareholder or member who owns or controls ten percent or more of the organization.

Check box if not applicable

Name	Address, City, State, and Zip

**By this signature, I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relation to Entity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SD Secretary of State**  
sdsos.gov

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