



COMMUNICATION EXPENDITURE

(Made with or without consultation) [SDCL 12-27-16](#) and [SDCL 12-27-16.1](#)

Check the box below to identify if the communication was made with or without consultation:

<input type="checkbox"/>	This communication clearly identified a candidate, public office holder, ballot question, or political party BUT WAS NOT controlled by, coordinated with, requested by, or made upon consultation with that candidate, political committee, or agent of a candidate or political committee.
<input type="checkbox"/>	This communication clearly identified a candidate, public office holder, ballot question, or political party AND WAS MADE upon consultation with that candidate, political committee, or agent of a candidate or political committee.

Who files this statement: Any **PERSON** or **ENTITY** that makes a payment or promise of payment totaling more than **\$100.00**, including donated goods or services for a communication expenditure that concerns a candidate, public office holder, ballot question, or political party. [SDCL 12-27-16\(a\)-\(e\)](#) outlines what types of communications do not need to be reported on this form. **POLITICAL COMMITTEES** list Communication Expenditures on their Campaign Finance Disclosure Form.

Deadline to file: Within 48 hours of the time that the communication is disseminated, broadcast, or otherwise published.

File with: The Secretary of State except local political committees file with their local election official.

Disclaimers for communications: follow [SDCL 12-27-16\(1\)\(a\)-\(c\)](#)

Please print (all fields are required):

Name of Person or Entity

Complete Mailing (PO Box or Street) Address City, State and Zip Code

Website Address of Entity (if applicable)

Name and Title of Person Filing the Report for the Entity

Name of Person who Authorized the Expenditures on Behalf of the Entity

Name of Chief Executive (if any) of the Entity

List the **NAME(S)** of each candidate, public office holder, ballot question, or political party mentioned or identified in each communication, the **AMOUNT SPENT** on each communication, and a **DESCRIPTION** of the content of each communication.

NAME	COMMUNICATION TYPE & DESCRIPTION	AMOUNT SPENT	DATE

(1). For an **entity** whose majority ownership is owned by, controlled by, held for the benefit of, or comprised of **twenty or fewer** persons, partners, owners, trustees, beneficiaries, participants, members, or shareholders, the **statement shall identify by name and mailing address each** person, partner, owner, trustee, beneficiary, participant, shareholder, or member **who owns, controls, or comprises ten percent or more of the entity.** ([SDCL 12-27-16 \(4\)](#))

Name of each person, partner, etc....	Mailing (PO Box or Street) Address City, State and Zip Code

* Please include extra communication expenditure sheets if more space is needed.

(2). An entity shall also provide statements for any of its partners, owners, trustees, beneficiaries, participants, members, or shareholders identified pursuant to (1) above, which are owned by, controlled by, held for the benefit of, or comprised of twenty or fewer persons, partners, owners, trustees, beneficiaries, participants, members, or shareholders, until no entity identified in the statements meets the ownership test set forth above. ([SDCL 12-27-16 \(5\)](#))

Name	Street Address, City, State and Zip Code

* Please include extra communication expenditure sheets if more space is needed.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is guilty of forgery. Forgery is a Class 5 felony ([SDCL 22-39-36](#)). Penalties not to exceed \$250 could be assessed per [SDCL 12-27-29.4](#).

Date: _____

Printed Name (of person filing the report)

Signature (of person filing the report)

Secretary of State's Office • Elections Department
500 E. Capitol Ave., Ste. 204 • Pierre, SD • 57501
Office 605-773-3537 • Fax 605-773-6580 • Email cfr@state.sd.us