



# Statement of Organization

[SDCL 12-27-6](#)

The Treasurer for a political action or ballot question committee shall file a statement of organization not later than 15 days after the date upon which the committee made contributions, received contributions, or paid expenses in excess of \$500.00. However, if such activity falls within 30 days of any statewide election, the statement of organization shall be filed within 48 hours. A candidate shall file a statement of organization for a candidate campaign committee not later than 15 days after becoming a candidate ([SDCL 12-27-3](#); [12-27-23](#)).

If you are required to file with your local jurisdiction (county, school or municipality: candidate, ballot question committees and PACs) contact your local election official for the necessary form(s).

If you are submitting this Statement to the Secretary of State's office choose a **Committee Type** below.

**Committee Type** *(you must select one):*

- Statewide Political Action Committee (PAC)**       **Statewide Political Party**       **County Political Party**
- Auxiliary Political Party**       **Statewide Ballot Question Committee**
- Statewide Candidate Committee**       **Legislative Committee**

### Committee Information

*(ALL fields required unless indicated otherwise, please print):*

*only ONE candidate campaign committee may be organized for each candidate* ([SDCL 12-27-1 \(3\)](#))

**Full Name of Committee** \_\_\_\_\_

If you are a **Candidate**, list your name below as it appears on your nominating petition, the office you are seeking (include legislative district if applicable).

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Postal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Committee website address *(optional)* \_\_\_\_\_

**Chair** *(Candidate can serve as Chair of their Committee)*

*(first and last name)* \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Postal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Check this box if **Chair is also serving as Treasurer**. If the same, you are not required to fill out Treasurer fields below.

*\*The Treasurer is responsible for filing all campaign finance reports and forms. Letters and notices, sent by the Secretary of State's office, will go to the Treasurer only.*

**Treasurer\*** *(first and last name)* \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Postal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Political Action or Ballot Question Committees (required):** you **must** list the full name, street address and postal address of the organization with which the committee is connected or affiliated, **OR** if the committee is not connected or affiliated with any one organization, state the trade, profession, or primary interest of the committee.

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

Statement of Purpose or Goals \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Postal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Trade, Profession, or Primary Interest of Committee \_\_\_\_\_

If you are a **Ballot Question Committee**, indicate which measure the committee was involved with during the reporting period and whether the measure was supported or opposed.

Ballot Measure Number (if has been assigned): \_\_\_\_\_ Support  Oppose

\*You may only support /oppose one ballot measure per ballot question committee.

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### Verification below must be SIGNED BEFORE SUBMITTING this Statement

*This statement shall be signed by the candidate and treasurer for a candidate committee and by the chair and treasurer for other political committees. The treasurer of a political committee shall **file an updated statement of organization not later than fifteens days after ANY change** in the information contained on this statement.*

#### PLEASE PRINT (required)

I \_\_\_\_\_ (Treasurer),

I \_\_\_\_\_ (Chair or Candidate),

certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer responsible for filing to an administrative penalty of ten dollars (county political parties only) or fifty dollars per day for each day that the statement remains delinquent ([SDCL 12-27-29.1](#)).

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Treasurer*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Chair or Candidate*

Mail completed form to:

**Secretary of State's Office,  
Attn: Elections Department,  
500 E Capitol Ave., Ste. 204,  
Pierre, SD 57501-5070,**

Fax 605-773-6580

Email to [cfr@state.sd.us](mailto:cfr@state.sd.us).

You may update or form a new committee online at <https://sdcfr.sdsos.gov/>