

Statement of Organization Statement of Organization Statement of Organization Judicial Candidate Committees C. OF STATE

DEADLINE TO FILE: The Treasurer for a political 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. 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). The treasurer of a political committee shall file an updated statement of organization not later than fifteen days after ANY change in the information contained on this statement.

FILE WITH: The Secretary of State's Office - 500 East Capitol Avenue, Ste.204, Pierre, SD 57501

Committee Type

🔀 Judicial Candidate Committee

Committee Information - (ALL field only ONE candidate campaign committee m				
Candidate Name and Office Sought Michelle				
Full Name of Committee Michelle Palmer Come	r Judicia Candid	ate Commi	Ttee	
Telephone Number				
Mailing	City	Stat	e	Zip_
Street Address (if different than above)	_ City	_State	Zip	
Committee website address (optional)				
Chair (Candidate may serve as Chair of their Committee Chair First and Last Name Michelle Comer	ee)			
Telephone Number	Email Address			
Mailing Address	City	Stat	e 🗾	Zip
Street Address (if different than above)	_ City	_State	Zip	
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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, Treasurer First and Last Name_____ Telephone Number_____Email Address _____

Mailing Address_____City___State____Zip Street Address (if different than above) _____ City ____ State ____ Zip

Political Action or Ballot Question Committees (required): You **must** include a concise statement of the committee's purpose and goals. You must also list the full name, street address and mailing address of the entity with which the committee is connected or affiliated. If the committee is not connected or affiliated with any one entity, provide the trade, profession, or primary interest of the committee.

Mailing Address	City	S	tate Z
Street Address (if different than above)	City	State	Zip
Trade, Profession, or Primary Interest of Committee	,		

If you are a **Ballot Question Committee**, explain, in detail, the measure(s) and/or issue(s) the committee is involved with and whether the committee support(s) or oppose(s) them.

Verification below must be SIGNED BEFORE SUBMITTING this Statement

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). I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer, who is responsible for filings under SDCL 12-27, to a civil penalty up to \$1,000.00 for each violation (SDCL 12-27-40).

Treasurer information	(Candidate or Chair (if not a candidate committee))
(Printed Name) Michele Comer	(Printed Name)
(Signature) Mehlle former	(Signature)
(Date mm/dd/yyyy) 03/05/1968	(Date mm/dd/yyyy)

Mail completed form to your local election official.