

## Statement of Organization Statement of Organ

**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**

M Judicial Candidate Committee

Committee Information - only ONE candidate campaign com			• • • • • • • • • • • • • • • • • • • •	
Candidate Name and Office Sought Christin	na Klinger and Sixth Judicial C	Circuit Position A		
Full Name of Committee Christina Klinger	for Circuit Court Judge			
Telephone Number_		*		
Mailing Address_	City	Sta	te	Zip
Street Address (if different than above)	City	State	Zip	NAME AND ADDRESS OF THE PARTY O
Committee website address (optional)				
Chair (Candidate may serve as Chair of their of Chair First and Last Name Christina Klinger	Committee)			
Telephone Number_	Email Address _		n	
Mailing Address_	City	Sta	te	Zip_
Street Address (if different than above)	City	State	Zip	
	all campaign finance reports a		l out Treas	urer fields
Telephone Number				
Mailing Address				
Street Address (if different than above)				

Political Action or Ballot Question Committees (requipurpose and goals. You must also list the full name, structure is connected or affiliated. If the committee is profession, or primary interest of the committee.	eet address and mailing	address of the ent	ity with which the	
Statement of Purpose or Goals (required)				
Name of Affiliated Entity				
Mailing Address	City	State	Zip	
Street Address (if different than above)	City	State	_ Zip	
Trade, Profession, or Primary Interest of Committee				
If you are a <b>Ballot Question Committee</b> , explain, in de and whether the committee support(s) or oppose(s) ther		/or issue(s) the cor	nmittee is involved with	
Verification below must be SIGNE				
No person may execute this report knowing it is false in any penalty. Any person who, with intent to defraud, falsely mak forged instrument of any kind is guilty of forgery. Forgery is timely file any statement, amendment, or correction required to a civil penalty up to \$1,000.00 for each violation (SDCL 1)	tes, completes, or alters a s a Class 5 felony (SDCL) subjects the Treasurer, wh	written instrument of 22-39-36). I also und	f any kind, or passes any derstand that failure to	
Treasurer information	(Candidate or Chair	(if not a candidat	<u>e committee))</u>	
(Printed Name) Christina Klinger (Signature) Date mm/dd/yyyy) D1122222	(Printed Name) Christina Klinger (Signature) 12 2027			

Mail completed form to your local election official.