

## Statement of Organization Judicial Candidate Committee

SDCL 12-27-6

<u>DEADLINE TO FILE</u>: The Treasurer for a <u>political committee</u> 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 <u>candidate</u> 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

| 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)) |             |  |                |           |                    |  |  |
|--|-------------|--|----------------|-----------|--------------------|--|--|
| Candidate Name and Office Sought Marshall C. Lov   | vrien, Cir  | cuit Court Judge   | e, Fifth Ju    | dicial Ci | rcuit, Po          | osition A  |  |
| Full Name of Committee Lovrien for Circuit Judge C   | Committe    | e  |                |           |                    |  |  |
| Telephone Number_  |             |  |                |           |                    |  |  |
| Mailing Address_   |             | _ City   |                | State     | )                  | Zip  |  |
| Street Address (if different than above)  Committee website address (optional)   | _ City _    |  | _State         |           | Zip                |  |  |
| Chair (Candidate may serve as Chair of their Committee Chair First and Last Name Marshall C. Lovrien   | ee)         | artus replace produce to private republic considers, successor, su | ned medikuncu. |           | -Not another straw | DESCRIPTION OF THE PROPERTY OF |  |
| Telephone Number   | _Email A    | Address  | @a             |           | t                  |  |  |
| Mailing Address  |             | _ City _   |                | _State _  |                    | Zip 5  |  |
| Street Address (if different than above)   | _ City      |  |                |           |                    |  |  |
| ☐ Check this box if Chair is also serving as Treasurer, below. *The Treasurer is responsible for filing all camp  Treasurer First and Last Name Michelle Lovrien                     | . If the sa | me, you are not nce reports and  | required t     | o fill ou | t Treasu           | rer fields   |  |
| Telephone Number   | Email A     | Address  | @a             |           | •                  |  |  |
| Mailing Address_   |             |  | (6)4           | State     |                    | _ Zip01  |  |
| Street Address (if different than above)   |             |  |                | _         |                    | Γ  |  |

| Political Action or Ballot Question Committees (recommittee and goals. You must also list the full name, structure is connected or affiliated. If the committee profession, or primary interest of the committee.   | treet address and mailin   | g address of the ent   | tity with which the   |
|---|--|--|---|
| Statement of Purpose or Goals (required)  |  |  |   |
| Name of Affiliated Entity   |  |  |   |
| Mailing Address   |  |  |   |
| 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 d and whether the committee support(s) or oppose(s) the   | letail, the measure(s) an m.   | d/or issue(s) the con  | mmittee is involved with  |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| Verification below must be SIGNI  | ED REFORE SUE  | RMITTING th  | is Statement  |
| No person may execute this report knowing it is false in any penalty. Any person who, with intent to defraud, falsely may forged instrument of any kind is guilty of forgery. Forgery it timely file any statement, amendment, or correction required to a civil penalty up to \$1,000.00 for each violation (SDCL) | material respect. Any vickes, completes, or alters a s a Class 5 felony (SDCL) subjects the Treasurer. | plation may be subject written instrument of 22-39-36). I also und | t to a civil and/or criminal<br>f any kind, or passes any<br>derstand that failure to |
| Treasurer information   | (Candidate or Chai   | r (if not a candidat   | e committee))   |
| (Printed Name) Michelle Lovrier   | (Printed Name) Mus   | hell Louries   |   |
| (Signature) Mahell Z  | (Signature)_   | ll   |   |
| (Date mm/dd/yyyy) 01/20/2022  | (Date mm/dd/yyyyy)   | 120/22   |   |

Mail completed form to your local election official.