A DECEMBER OF THE OWNER OWNE			A .				
Stat	ement of Or	ganization	SUBMITTED				
Statement of Organization SUBMITTED SUBMITTED FEB 07 2022 SDCL 12-27-6							
ouure	SDCI 12 27 6	Commut	CC. OF STATE				
DEADLINE TO FILE: The Treasurer for a pol days after the date upon which the committee excess of \$500.00. A <u>candidate</u> shall file a statem days after becoming a <u>candidate</u> (SDCL 12-27) updated statement of organization not later the statement. FILE WITH: The local election official and cor	litical committee shall file a se made contributions, receiv nent of organization for a car 7-3; 12-27-23). The treasurer han fifteen days after ANY	tatement of organizatio ed contributions, or p didate campaign comm of a political committee change in the informati	n not later than 15 aid expenses in hittee not later than 15 on contended of the shall for the shall be				
Committee Information - (A only ONE candidate campaign comm Candidate Name and Office Sought	nittee may be organized for ea USan Sabers	ach candidate (<u>SDCL 1</u> Civcuit	$\frac{2 \text{ print}}{2 - 27 - 1 (3))}$				
Full Name of Committee	Sabers for Cin	revit Judg.	e"				
Telephone Number Mailing Address							
Street Address (if different than above)	City	State Z	ip				
Committee website address (optional)			·····				
Chair (Candidate may serve as Chair of their Co Chair First and Last Name	Email Address 90	Sidex Falls State	이 같은 것은 것은 것은 것이 같은 것이 같은 것이 같은 것이 같이 있는 것이 같이 없는 것이 없다.				
Check this box if <u>Chair is also serving as Trea</u> below. * <i>The Treasurer is responsible for filing al</i> Treasurer First and Last Name	l campaign finance reports a	nd forms.					
Telephone Number	Email Address						
Mailing Address							
Street Address (if different than above)							

- for

<u>Political Action or Ballot Question Committees (required)</u>: 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.

Name of Affiliated Entity					
Mailing Address		_ City _	S	State	Zip
Street Address (if different than above)	City		State	Zip	T
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.

이 것 같은 것 같은 것이 같은 것 같은 것 같은 것이 같이 했다.

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) Quilyn Dunham	(Printed Name) SUSAN Sabers
(Signature) Quigo under	(Signature) MAMM, Janus
(Date mm/dd/yyyy) 2-2-2022	(Date mm/dd/yyyy) 2-2-7022

Mail completed form to your local election official.