

### Supplemental Statement

## Candidates, Political Action, Political Party or Ballot Question Committees State of South Dakota

State law requires that if any candidate committee for statewide office (legislative candidates do not file supplemental statements), political action committee, ballot question committee, or political party receives a contribution of five hundred dollars or more within the fourteen days immediately prior to an election for which a campaign finance disclosure form may be filed, a supplemental statement shall be filed within forty-eight hours of receipt of the contribution. If the contribution is received on or after Election Day, a supplemental statement is not required to be submitted.

Full Name of Committee: SD Republican Party

You must list the name, street address, city and state of each contributor, the amount and date of each contribution of \$500 or more.

Name of Contributor	Street Address, City and State	Amount of Contribution	Date of Contribution
See attached		\$835 <sup>00</sup>	10/27/14

*The following verification must be completed before submitting report.*

#### VERIFICATION OF PERSON MAKING REPORT

I JUSTIN L BELL (print name legibly), 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 a civil penalty of fifty dollars per day for each day that the statement remains delinquent.

Date: 10/27/14

Justin L Bell  
Treasurer Signature

Submit Supplemental Statement to:  
Secretary of State, Elections Department  
500 East Capitol Ave., Ste 204  
Pierre, SD 57501  
or fax to 605-773-6580  
or e-mail to [elections@state.sd.us](mailto:elections@state.sd.us)

Fax and e-mail images must contain the signature(s) and the original must be filed in our office within one week following the date the fax/email was received.

**SOUTH DAKOTA REPUBLICAN PARTY STATE DEPOSIT**

**10/27/2014**

**STATE ACCOUNT**

Last Name	First Name	Spouse	Amount	Check Source	Address 1	City	State	Zip
Koskan	John		835.00		26131 287th Ave.	Wood	SD	57585
			\$835.00					