

## **Statement of Organization**

RECEIVED
JAN 1 3 2016

SDCL 12-27-6

| The Treasurer for a political action or ballot question committee shadate upon which the committee made contributions, received contributions activity falls within 30 days of any statewide election, the statement file a statement of organization for a candidate campaign committee 12-27-23 his  If you are required to file with your local jurisdiction (county, committees and PACs; contact your local election official for the statement to the Secretary Committee Type ( | school or municipality: can the necessary form(s).                                  | cess of \$500.00. He within 48 hours. A coming a candidate didate, ballot que | owever, if such candidate shall e (SDCL 12-27-3; estion |
|--|---|---|---|
| ☐ Statewide Political Action Committee (PAC) ☐ S   |   |   | olitical Party  |
| ☐ Statewide Ballot Question Committee ☐ Statewide  | le Candidate Committee  | ☑ Legislativ  | re Committee  |
| (ALL fields required unless independent only ONE candidate campaign committee may be   | icated otherwise, please prin<br>organized for each candida                         | nt) <b>:</b><br>te ( <u>SDCL 12-27-</u>                                       | 1 (3))  |
| Full Name of Committee   | for Senate  | e .   |   |
| If you are a <u>Candidate</u> , list your name below as it appears on legislative district if applicable).   |   |   |   |
| Street Address 46787 273 \$\square\$   |   |   |   |
| Postal Address 46787 27324   | City TEA  | State 50  | _ Zip_57064   |
| Committee website address (optional) WWW. OTH  | en for Senate. Con  | ۸   |   |
| Chair (Candidate can serve as Chair of their Committee) (first and last name Frite Bake of the W   | er (Marie (M.) Frenches (Marie (M.) Antonio) (M.) (M.) (M.) (M.) (M.) (M.) (M.) (M. |   |   |
|  | Evening Phone Number_   | 605 36  | 08 5716   |
| Street Address 46787 27300   |   |   |   |
| Postal Address 46 78 ? 273 **  |   |   |   |
| Email Address  |   |   |   |
| □ Check this box if Chair is also serving as Treasurer. If the below.  *The Treasurer is responsible for filing all campaign finance Secretary of State's office, will go to the Treasurer only.  Treasurer* (first and last name) Betty Others.   | reports and forms. Letters  | and notices, sen  | t by the  |
| Daytime Phone Number 605 \$38 - 6469   | Evening Phone Number  | 368-57  | 16  |
| Street Address 46787 2732 5+   |   |   |   |
| Postal Address 46787 2732 St   | City 74A  | State 50  | Zip 57064   |
| Email Address Betty, Otton @ G mail.   |   |   |   |

| organization with which the committee is connected or affi<br>any one organization, state the trade, profession, or primar   | *   |  | or affiliated with |
|--|---|--|--------------------|
| Name of Affiliated Organization  | •   |  |                    |
| Statement of Purpose or Goals Street Address   |   | 10 VAL   |                    |
| Street Address   | City  | State  | Zip                |
| Street Address Postal Address  | City  | State  | /in                |
| Trade, Profession, or Primary Interest of Committee  |   | Jan Stranger                                       | A stable           |
| ☐ Check here if the committee is incorporated under state. If yes, a committee formed in this manner is unable to committee to committee to committee.   | or federal laws for latribute directly to an      | liability purposes only (SI                        | DEL 12-27-6 (6).   |
| If you are a <b>Ballot Question Committee</b> , indicate which is period and whether the measure was supported or opposed  | neasure the committed.                            | tee was involved with dur                          | ing the reporting  |
| Ballot Measure Number (if has been assigned):  |   | Support  | Oppose □           |
| You <u>must</u> list the name, street address, postal address and an account or intend to have an account or depository for t provide us with an Employer Identification Number (EIN) account.   | the benefit of your co<br>b, but your financial i | ommittee. We do not requinstitution may require an | uire that you      |
| Financial Institution Slove Empire Fed   | less Cardit C                                     | enide  |                    |
| Daytime Phone Number 605 367- 57 76  | 270   |  |                    |
| Street Address 5010 5. Solberg.  | City  | uxfalls State 50                                   | Zip_57/0+          |
| Postal Address 501 5. Solbers  | City <i>510</i>                                   | state 50   | Zip_5>/08          |
|  |   |  |                    |
| Verification below must be SIGNED  | BEFORE SUB  | BMITTING this Sta                                  | tement             |
| This statement shall be signed by the candidate and treasure for other political committees. The treasurer of a political later than fifteens days after ANY change in the information   | rer for a candidate c<br>committee shall file     | committee and by the chai                          | ir and treasurer   |
| PLEASE PRINT   |   |  |                    |
| Betty offens   |   |  |                    |
| I Betty offen  I Ernie Offen   |   |  | _(Treasurer),      |
| certify that I have evamined this remort and to the last of  | 1 11  | (Chair   | or Candidate),     |
| certify that I have examined this report and to the best of munderstand that failure to timely file any statement, amends for filing to an administrative penalty of ten dollars (county the statement remains delinquent (SDCL 12-27-29.1). | ment or correction re                             | equired subjects the Trace                         | 1111011 11011 1111 |
| Date: /-13-2016  |   |  |                    |
| Signature  | of Treasurer                                      |  |                    |
| Date: 1- 13- 2016 Signature  | of Chair or Candida                               | te   |                    |
| 8  |   |  |                    |

Political Action or Ballot Question Committees: you must list the full name, street address and postal address of the

Mail completed form to Secretary of State's Office, Attn: Elections Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070, fax 605-773-6580 or email to <a href="mailto:cfr@state.sd.us">cfr@state.sd.us</a>.

To: 916053331531

Page:1/1

| Political Action of<br>organization with<br>any one organizat                | which the comm   | sittee is connect                                      | ed or affiliated, 🤇 | <u>OR</u> if the   | committee                                     | is not connected   | or affiliated with  |
|--|--|--|---------------------|--|---|--|---|
| Name of Affiliate  | _  |  |                     |  | -   |  |   |
| Statement of Purp  | ose or Goals   |  |                     |  |   |  |   |
| Street Address   |  |  |                     | City   |   | State  | Zip   |
| Postal Address   |  |  |                     | City   |   | State  | Zip   |
| Trade, Profession  |  |  |                     |  |   |  |   |
| If ves. a committe   | e formed in this   | manner is unab   | le to contribute of | irectly to   | any other                                     | ponnear commu  | DCL 12-27-6 (6)).<br>ee.  |
| If you are a Ballo<br>period and wheth                                       | t Ouestion Con   | mittee, indicate                                       | which measure       | the com  | mittee was i                                  | involved with du   | ring the reporting  |
| Ballot Measure N   |  |  |                     |  |   |  | Oppose  |
| account.  Financial Institu  Daytime Phone N  Street Address  Postal Address | Tumber   | 605 367-   | , 7070              | City   | Samuel For                                    | Ils State 50   | Zip <u>5 2/0</u> 8<br>Zip <u>5 &gt;/08</u>                          |
| This statement sh<br>for other politica<br>later than fifteen                | iall be signed by<br>I committees, T<br>s days after ANI | the candidate of                                       | nd treasurer for    | a candia   | late commit<br>It file an up                  |  | tatement<br>air and treasurer<br>of organization not                |
| PLEASE PRIN  | etty o   | tten   |                     |  |   | •  | (Treasurer),  |
| I Er   | al- Ge   | Hen  |                     |  |   | (Ch  | air or Candidate),  |
| certify that I have understand that if for filing to an at the statement rer | e examined this<br>failure to timely<br>dministrative pe | report and to the<br>file any statemenalty of ten doll | ars (county polit   | owledge a or correction particular particula | and belief it<br>tion require<br>ies only) or | is true, correct and subjects the Transfifty dollars per o | nd complete. I also<br>easurer responsible<br>lay for each day that |
| Date: /- /   | 3-2016   |  | Signature of C      | hair or C  | andidate                                      |  |   |

Mail completed form to Secretary of State's Office, Attn: Elections Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070, fax 605-773-6580 or email to cfr@state.sd.us.