

INDEPENDENT EXPENDITURESfor Communications Expressly Advocating

RECEIVED MAY 1 7 2016 S.D. SEC. OF STATE

Who files this statement: SDCL 12-27-16 states that any PERSON or ORGANIZATION that makes a payment or promise of payment totaling \$100.00 or more, including an in-kind contribution, for a communication which expressly advocates for or against a candidate, public office holder, ballot question, or political party. SDCL 12-27-16 (6a-d) outlines what types of communications do not need to be reported on this form.

Deadline to file: Within 48 hours of the time that the communication is disseminated, broadcast, or otherwise published.

File with: The Secretary of State except local political committees file with their local election official.

Disclaimers for communications: follow SDCL 12-27-16 (1a-1d)
Please print (all fields are required if applicable):
South Dakota Right to Life PAC
PO Box 6, Hoven, SD 57450 (348 Day St.)
Complete Street Address, City and State
Spencer Cody, PAC Chair/Treasurer
Andrewigation, name and title of person filing the report
Spencer Cody PAC Chair Treasurer
Organization: name of person who authorized the expenditures on behalf of the organization
NA Contact spencer codyphotmoilcom/605-948-2449
Organization: name of Chief Executive (if any)

List the NAME of each candidate, public office holder, ballot question, or political party mentioned or identified in each communication, the AMOUNT SPENT on each communication, and a DESCRIPTION of the content of each communication. *Please include extra sheets if more space is needed.

NAME	DESCRIPTION	AMOUNT SPENT
DougPost	Candidate for District 7 Senate	3,406 postcards mailed to District 7
Larry Tidemann	111 5-10	GOP=\$1,521.48
	-complete postcard attached	
	a racrico (
		Filed this 17th day

Last updated January 14, 2016

Sheatel Krebs

SECRETARY OF STATE

Additional information for an ÖRGANIZATION	V to report:
(1) For an organization whose majority ownership twenty or fewer persons, partners, owners, trustees	is owned by, controlled by, held for the benefit of, or comprised of beneficiaries, participants, members, or shareholders, the statement coartner, owner, trustee, beneficiary, participant, shareholder, or member
Name	Street Address, City, State and Zip Code
* Please include extra sheets if more space is needed.	
participants, members, or shareholders identified pu	tal statements, for any of its partners, owners, trustees, beneficiaries, insuant to (1) above, which are owned by, controlled by, held for the partners, owners, trustees, beneficiaries, participants, members, or supplemental statements meets the ownership test set forth above.
Name	Street Address, City, State and Zip Code

I declare under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of my financial interests for the preceding calendar

year.

(Signature)

(Date)

^{*} Please include extra sheets if more space is needed