

Statement of Organization

SDCL 12-27-6

The Treasurer for a political committee 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. However, if such activity falls within 30 days of any statewide election, the statement of organization shall be filed within 48 hours. A candidate 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 on this statement.

If you are required to file with your local jurisdiction (county, school or municipality: candidate, ballot question committees and PACs) contact your local

election official for the necessary form(s).

If you are submitting this Statement to the Secretary of State's office choose a Committee Type below.							
		Committee Type (you must select one):					
Auxiliary Po	olitical Parties	Statewide Ballot Question Committees	Statewide Candidate Committees				
County Pol	itical Parties	Statewide Political Action Committee (PAC)	X Legislative Candidate Committees				
Statewide F	Political Parties						
	Committee Information						
		(ALL fields required unless indicated otherwise, plea					
	only ONE cand i	didate campaign committee may be organized for each exception: a candidate can have both a statewide and legis	candidate (SDCL 12-27-1 (3)) slative committee.				
Full Name of Co	mmittee Schoenbeck	k for House					
Telephone Number (605) 868-9352							
Enter your name below as it appears on your nominating petition and the office you are seeking.							
Candidate Name Jacob Donald Schoenbeck							
Office Sought	SD House - District:2						
Mailing Address	7210 E 45th St, Sioux	(Falls, SD 57110					
Street Address	Same as Mailing Addre	ress					
Committee websi	te address <i>(optional)</i>						
Chair	(Candidate can serve	as Chair of their Committee)					
Name	Jacob Schoenbeck						
Telephone Numb	er <u>(605) 868-9352</u>						
·	er <u>(605) 868-9352</u> 7210 E 45th St, Sioux	r Falls, SD 57110					
·							
Mailing Address	7210 E 45th St, Sioux	ress					
Mailing Address Street Address Email Address	7210 E 45th St, Sioux Same as Mailing Addre SchoenbeckForHouse	ress	o fill out Treasurer fields below.				
Mailing Address Street Address Email Address Check this	7210 E 45th St, Sioux Same as Mailing Address SchoenbeckForHouse box if Chair is also se	ress e@gmail.com					
Mailing Address Street Address Email Address Check this	7210 E 45th St, Sioux Same as Mailing Address SchoenbeckForHouse box if Chair is also se	ress e@gmail.com erving as Treasurer. If the same, you are not required to					
Mailing Address Street Address Email Address * Check this * the Treasurer is Treasurer only. Treasurer* Name	7210 E 45th St, Sioux Same as Mailing Address SchoenbeckForHouse s box if Chair is also see responsible for all came	ress e@gmail.com erving as Treasurer. If the same, you are not required to					
Mailing Address Street Address Email Address * The Treasurer is Treasurer only. Treasurer* Name Telephone Numb	7210 E 45th St, Sioux Same as Mailing Address SchoenbeckForHouse s box if Chair is also see responsible for all came	ress e@gmail.com erving as Treasurer. If the same, you are not required to					
Mailing Address Street Address Email Address * Check this * the Treasurer is Treasurer only. Treasurer* Name Telephone Numb Mailing Address	7210 E 45th St, Sioux Same as Mailing Address SchoenbeckForHouse s box if Chair is also see responsible for all came	ress e@gmail.com erving as Treasurer. If the same, you are not required to					
Mailing Address Street Address Email Address * The Treasurer is Treasurer only. Treasurer* Name Telephone Numb	7210 E 45th St, Sioux Same as Mailing Address SchoenbeckForHouse s box if Chair is also see responsible for all came	ress e@gmail.com erving as Treasurer. If the same, you are not required to					

also list the full nam	e, street address and mailin	ses (required): You must include a concise statement of the committee's purpose and g ng address of the entity with which the committee is connected or affiliated. If the committ ride the trade, profession, or primary interest of the committee.	
Statement of Purpo	se or Goals N/A		
Name of Affiliated C	Organization N/A		
Mailing Address	N/A		
Street Address	N/A		
Trade, Profession, o	or Primary Interest of Comm	nittee N/A	
Are you forming this in order to comply v	s committee on behalf of the vith SDCL 2-1-1.1 and 1.2?	e sponsor of an initiated constitutional amendment or initiated measure Yes	No
If you are a Ballot or oppose(s) them.	Question Committee, expla	ain the measure(s) and/or issue(s) the committee is involved with and whether the commi	ittee support(s)
N/A			
who, with intent to of forgery. Forgery is a subjects the Treasu organizations, \$50.0 also understand that	defraud, falsely makes, com a Class 5 felony (SDCL 22-3 arer, who is responsible for fi 00) for each violation (SDCL at failure to timely file reports	s false in any material respect. Any violation may be subject to a civil and/or criminal penal pletes, or alters a written instrument of any kind, or passes any forged instrument of any kind, or correction in a subject of the subje	kind is guilty of on required ary 12-27-29.4. I 29.3).
Jacob Schoenbed			(Treasurer),
Jacob Donald Scl			(Candidate),
Date: Nov 18 202	1 3:46PM	Document submitted electronically by Jacob Schoenbeck Signature of Treasurer	
Date: Nov 18 202	1 3:46PM	Document submitted electronically by Jacob Donald Schoenbeck Signature of Candidate	
Date/Time Received	d: Nov 18 2021 3:46PM		
Date/Time Filed:	Nov 18 2021 3:46PM		