

## **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 <b>Committee Type</b> below. <u>Committee Type</u> (you must select one):						
Auxiliary P	olitical Parties	Statewide Ballot Question C	ommittees	Statewide Candidate Committees		
County Pol	itical Parties	Statewide Political Action Co	ommittee (PAC)	Legislative Candidate Committees		
Statewide F	Political Parties					
		Committee II (ALL fields required unless indic		·):		
only <b>ONE candidate campaign committee</b> may be organized for each candidate ( <u>SDCL 12-27-1 (3)</u> )  Exception: a candidate can have both a statewide and legislative committee.						
Full Name of Co	mmittee Amber Arlint					
Telephone Number (605) 670-0626						
Enter your name below as it appears on your nominating petition and the office you are seeking.						
Candidate Name	Amber Arlint					
Office Sought	SD House - District:12					
Mailing Address	8605 S Regent Park Dr	r, Sioux Falls, SD 57108				
Street Address	eet Address Same as Mailing Address					
00017.144.000	Same as Mailing Addre	755				
	ite address (optional)					
	ite address <i>(optional)</i>	as Chair of their Committee)				
Committee websi	ite address <i>(optional)</i>					
Chair	ite address (optional)  (Candidate can serve a					
Chair Name Telephone Numb	ite address (optional)  (Candidate can serve a  Amber Arlint	as Chair of their Committee)				
Chair Name Telephone Numb	ite address (optional)  (Candidate can serve a  Amber Arlint er (605) 670-0626	as Chair of their Committee)				
Chair Name Telephone Numb Mailing Address	ite address (optional)  (Candidate can serve a  Amber Arlint  er (605) 670-0626  8605 S Regent Park Dr	r, Sioux Falls, SD 57108				
Chair Name Telephone Numb Mailing Address Street Address Email Address	ite address (optional)  (Candidate can serve a Amber Arlint  er (605) 670-0626  8605 S Regent Park Dr Same as Mailing Addre amberarlintsd@gmail.c	r, Sioux Falls, SD 57108	u are not required to fill out	Treasurer fields below.		
Chair Name Telephone Numb Mailing Address Street Address Email Address Check this	ite address (optional)  (Candidate can serve at Amber Arlint  er (605) 670-0626  8605 S Regent Park Dr Same as Mailing Addres amberarlintsd@gmail.com  s box if Chair is also serve at the company of the	as Chair of their Committee)  r, Sioux Falls, SD 57108  ess  com  rving as Treasurer. If the same, yo	·	Treasurer fields below.  Secretary of State's office, will go to the		
Chair Name Telephone Numb Mailing Address Street Address Email Address Check this	ite address (optional)  (Candidate can serve at Amber Arlint  er (605) 670-0626  8605 S Regent Park Dr Same as Mailing Addres amberarlintsd@gmail.com  s box if Chair is also serve at the company of the	as Chair of their Committee)  r, Sioux Falls, SD 57108  ess  com  rving as Treasurer. If the same, yo	·			
Chair Name Telephone Numb Mailing Address Street Address Email Address Check this * the Treasurer is Treasurer only.	ite address (optional)  (Candidate can serve at Amber Arlint  er (605) 670-0626  8605 S Regent Park Dr Same as Mailing Addres amberarlintsd@gmail.com  s box if Chair is also serve at the company of the	as Chair of their Committee)  r, Sioux Falls, SD 57108  ess  com  rving as Treasurer. If the same, yo	·			
Chair Name Telephone Numb Mailing Address Street Address Email Address  Check this * the Treasurer is Treasurer only.  Treasurer* Name	ite address (optional)  (Candidate can serve at Amber Arlint her (605) 670-0626  8605 S Regent Park Dr. Same as Mailing Addres amberarlintsd@gmail.com is box if Chair is also serve at the composition of	as Chair of their Committee)  r, Sioux Falls, SD 57108  ess  com  rving as Treasurer. If the same, yo	·			
Chair Name Telephone Numb Mailing Address Street Address Email Address Check this * the Treasurer is Treasurer only.  Treasurer* Name Telephone Numb	ite address (optional)  (Candidate can serve at Amber Arlint  eer (605) 670-0626  8605 S Regent Park Dr. Same as Mailing Addres amberarlintsd@gmail.com  is box if Chair is also set are sponsible for all camps are served and compared to the compared to th	as Chair of their Committee)  r, Sioux Falls, SD 57108  ess  com  rving as Treasurer. If the same, yo	·			
Chair Name Telephone Numb Mailing Address Street Address Email Address Check this * the Treasurer is Treasurer only.  Treasurer* Name Telephone Numb	ite address (optional)  (Candidate can serve at Amber Arlint  eer (605) 670-0626  8605 S Regent Park Dr. Same as Mailing Addres amberarlintsd@gmail.com  is box if Chair is also set are sponsible for all camps are served and compared to the compared to th	es Chair of their Committee)  r, Sioux Falls, SD 57108  ess  com  rving as Treasurer. If the same, yo paign finance reports and forms; letter	·			

also list the full na	me, street address and mailing add	equired): You must include a concise statement of the committee's purpose and goals. You not dress of the entity with which the committee is connected or affiliated. If the committee is not le trade, profession, or primary interest of the committee.	nust		
Statement of Purp	ose or Goals N/A				
Name of Affiliated	Organization N/A				
Mailing Address	N/A				
Street Address	N/A				
Trade, Profession, or Primary Interest of Committee N/A					
Are you forming this committee on behalf of the sponsor of an initiated constitutional amendment or initiated measure in order to comply with SDCL 2-1-1.1 and 1.2?					
If you are a <b>Ballot</b> or oppose(s) them		e measure(s) and/or issue(s) the committee is involved with and whether the committee suppo	rt(s)		
N/A					
forgery. Forgery is subjects the Treas organizations, \$50	s a Class 5 felony ( <u>SDCL 22-39-36</u> ) surer, who is responsible for filings 0.00) for each violation ( <u>SDCL 12-2</u>	s, or alters a written instrument of any kind, or passes any forged instrument of any kind is guilt ). I also understand that failure to timely file any statement, amendment, or correction required under <a href="SDCL 12-27">SDCL 12-27</a> , to a civil penalty of \$200.00 (county political parties and auxiliary <a href="27-29.1">27-29.1</a> ). Additional penalties not to exceed \$250.00 could be assessed per <a href="5DCL 12-27-29.4">SDCL 12-27-29.4</a> . ay penalties could result in the candidate not being certified for office ( <a href="5DCL 12-27-29.3">SDCL 12-27-29.3</a> ).  (Treasu	. I		
Amber Arlint		(Candid	late),		
Date: <u>Jan 11 20</u>	22 10:43AM	Document submitted electronically by Scott Stern Signature of Treasurer			
Date: <u>Jan 11 20</u>	22 10:43AM	Document submitted electronically by Amber Arlint Signature of Candidate			
Date/Time Receive	ed: Jan 11 2022 10:43AM				
Date/Time Filed:	Jan 11 2022 10:43AM				