

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. <u>Committee Type</u> (you must select one):					
<u> </u>					
Auxiliary P	olitical Parties	Statewide Ballot Question Committees	Statewide Candidate Committees		
County Pol	litical Parties	X Statewide Political Action Committee (PAC)	Legislative Candidate Committees		
Statewide F	Political Parties				
Committee Information					
		(ALL fields required unless indicated otherwise, pleas	se print):		
only ONE candidate campaign committee may be organized for each candidate (<u>SDCL 12-27-1 (3)</u>) <u>Exception: a candidate can have both a statewide and legislative committee.</u>					
Full Name of Co	mmittee Shining Ligh	nt PAC			
Telephone Numb	per (605) 430-1654				
Enter your name	below as it appears on	your nominating petition and the office you are seeking.			
Candidate Name	N/A				
Office Sought	N/A				
Mailing Address	6503 Susan Street, Ra	apid City, SD 57701			
Street Address	Same as Mailing Addr	ress			
Committee websi	ite address (optional)				
Chair	(Candidate can serve	as Chair of their Committee)			
Name	Iordan D. Mason				
Name Jordan D. Mason Telephone Number (605) 430-1654					
Telephone Numb					
•		apid City, SD 57701			
•	per (605) 430-1654	•			
Mailing Address	oer <u>(605) 430-1654</u> 6503 Susan Street, Ra	ress			
Mailing Address Street Address Email Address	eer (605) 430-1654 6503 Susan Street, Ra Same as Mailing Addr jordan.mason@launch	ress	fill out Treasurer fields below.		
Mailing Address Street Address Email Address Check this	er (605) 430-1654 6503 Susan Street, Ra Same as Mailing Addr jordan.mason@launch	ress hcollective.org			
Mailing Address Street Address Email Address Check this	er (605) 430-1654 6503 Susan Street, Ra Same as Mailing Addr jordan.mason@launch	ress hcollective.org erving as Treasurer. If the same, you are not required to f			
Mailing Address Street Address Email Address * Check this the Treasurer is Treasurer only.	er (605) 430-1654 6503 Susan Street, Ra Same as Mailing Addr jordan.mason@launch	ress hcollective.org erving as Treasurer. If the same, you are not required to f			
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Mailing Address Street Address Email Address * Check this * the Treasurer is Treasurer only. Treasurer* Name	eer (605) 430-1654 6503 Susan Street, Ra Same as Mailing Addr. jordan.mason@launch s box if Chair is also se	ress hcollective.org erving as Treasurer. If the same, you are not required to finpaign finance reports and forms; letters and notices, sent in			
Mailing Address Street Address Email Address X Check this * the Treasurer is Treasurer only. Treasurer* Name Telephone Numb	eer (605) 430-1654 6503 Susan Street, Ra Same as Mailing Addr. jordan.mason@launch s box if Chair is also se	ress hcollective.org erving as Treasurer. If the same, you are not required to finpaign finance reports and forms; letters and notices, sent in			

	ame, street address and mailing add iated with any one entity, provide th	e trade, profession, or primary interest of the committee.	
Statement of Purp	pose or Goals <u>To inform, educate,</u>	and englighten voters about our system of government and it's elected officials	i.
Name of Affiliated	l Organization N/A		
Mailing Address	N/A		
Street Address	N/A		
Trade, Profession	n, or Primary Interest of Committee	To inform, educate, and englighten voters about our system of government a officials.	and it's elected
	his committee on behalf of the spor y with <u>SDCL 2-1-1.1 and 1.2</u> ?	nsor of an initiated constitutional amendment or initiated measure Yes	No
If you are a Ballo or oppose(s) them		e measure(s) and/or issue(s) the committee is involved with and whether the co	ommittee support(s)
N/A			
•	refilication below mus	st be SIGNED BEFORE SUBMITTING this Stateme	ent
No person may exwho, with intent to forgery. Forgery is subjects the Treasorganizations, \$5	xecute this report knowing it is false to defraud, falsely makes, completes is a Class 5 felony (SDCL 22-39-36 surer, who is responsible for filings 0.00) for each violation (SDCL 12-2	e in any material respect. Any violation may be subject to a civil and/or criminal s, or alters a written instrument of any kind, or passes any forged instrument of .). I also understand that failure to timely file any statement, amendment, or corunder SDCL 12-27, to a civil penalty of \$200.00 (county political parties and at 27-29.1). Additional penalties not to exceed \$250.00 could be assessed per SD ay penalties could result in the candidate not being certified for office (SDCL 12)	penalty. Any person any kind is guilty of rection required uxiliary ICL 12-27-29.4. I
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