

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):							
Auxiliary P	olitical Parties	Statewide Ballot Ques	ion Committees	Statewide Candidate Committees			
County Pol	itical Parties	Statewide Political Act	ion Committee (PAC)	X Legislative Candidate Committees			
Statewide Political Parties							
Committee Information (ALL fields required unless indicated otherwise, please 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 Committee Bethany Soye for District 9							
Telephone Number (605) 610-8467							
Enter your name below as it appears on your nominating petition and the office you are seeking.							
Candidate Name Bethany Soye							
Office Sought	ught SD House - District:9						
Mailing Address P.O. Box 84124, Sioux Falls, SD 57118							
Street Address Same as Mailing Address							
Olicel Address	Same as Mailing Addre	ess					
		ess https://www.bethanysoye.com	l				
	ite address (optional)		1				
Committee websi	ite address (optional)	https://www.bethanysoye.com	l				
Chair	ite address (optional) (Candidate can serve a Bethany Soye	https://www.bethanysoye.com	1				
Chair Name Telephone Numb	ite address (optional) (Candidate can serve a Bethany Soye	https://www.bethanysoye.com as Chair of their Committee)	l				
Chair Name Telephone Numb	ite address (optional) I (Candidate can serve a Bethany Soye er (605) 610-8467	https://www.bethanysoye.com as Chair of their Committee)	1				
Chair Name Telephone Numb Mailing Address	ite address (optional) (Candidate can serve a Bethany Soye er (605) 610-8467 P.O. Box 84124, Sioux	https://www.bethanysoye.com as Chair of their Committee) x Falls, SD 57118	l				
Chair Name Telephone Numb Mailing Address Street Address Email Address	ite address (optional) (Candidate can serve a Bethany Soye P.O. Box 84124, Sioux Same as Mailing Addre	https://www.bethanysoye.com as Chair of their Committee) Falls, SD 57118 ess ail.com	ne, you are not required to fill o	out Treasurer fields below.			
Chair Name Telephone Numb Mailing Address Street Address Email Address Check this	ite address (optional) (Candidate can serve a Bethany Soye er (605) 610-8467 P.O. Box 84124, Sioux Same as Mailing Addre votebethanysoye@gmails box if Chair is also se	https://www.bethanysoye.com as Chair of their Committee) Falls, SD 57118 ess ail.com	ne, you are not required to fill o	out Treasurer fields below. the 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 a Bethany Soye er (605) 610-8467 P.O. Box 84124, Sioux Same as Mailing Addre votebethanysoye@gmails box if Chair is also se	https://www.bethanysoye.com as Chair of their Committee) Falls, SD 57118 ess ail.com	ne, you are not required to fill o				
Chair Name Telephone Numb Mailing Address Street Address Email Address Check this * the Treasurer is Treasurer only.	ite address (optional) (Candidate can serve a Bethany Soye er (605) 610-8467 P.O. Box 84124, Sioux Same as Mailing Addre votebethanysoye@gmails box if Chair is also se	https://www.bethanysoye.com as Chair of their Committee) Falls, SD 57118 ess ail.com	ne, you are not required to fill o				
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 a Bethany Soye er (605) 610-8467 P.O. Box 84124, Sioux Same as Mailing Addre votebethanysoye@gmails box if Chair is also se	https://www.bethanysoye.com as Chair of their Committee) Falls, SD 57118 ess ail.com	ne, you are not required to fill o				
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 a Bethany Soye Per (605) 610-8467 P.O. Box 84124, Sioux Same as Mailing Addre votebethanysoye@gm: box if Chair is also se a responsible for all camp	https://www.bethanysoye.com as Chair of their Committee) Falls, SD 57118 ess ail.com rving as Treasurer. If the sal	ne, you are not required to fill o				
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 a Bethany Soye er (605) 610-8467 P.O. Box 84124, Sioux Same as Mailing Addre votebethanysoye@gmail s box if Chair is also se a responsible for all camp	https://www.bethanysoye.com as Chair of their Committee) x Falls, SD 57118 ess ail.com rving as Treasurer. If the sampaign finance reports and form ioux Falls, SD 57106	ne, you are not required to fill o				

also list the full na		ddress of the entity with which the committee is connected or affiliated. If the committee trade, profession, or primary interest of the committee.			
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 Ballot or oppose(s) them		he measure(s) and/or issue(s) the committee is involved with and whether the commi	ittee support(s)		
N/A					
who, with intent to forgery. Forgery is subjects the Treas organizations, \$50	o defraud, falsely makes, complete is a Class 5 felony (<u>SDCL 22-39-36</u> surer, who is responsible for filings 0.00) for each violation (<u>SDCL 12-</u>	se in any material respect. Any violation may be subject to a civil and/or criminal penales, or alters a written instrument of any kind, or passes any forged instrument of any 6). I also understand that failure to timely file any statement, amendment, or corrections under SDCL 12-27 , to a civil penalty of \$200.00 (county political parties and auxiliated auxiliated and auxiliated	kind is guilty of on required		
Darron Working	ister	pay perialities could result in the candidate not being certified for office (ODOL 12-21-	<u>12-27-29.4</u>		
Bethany Soye	ister	pay perialities could result in the candidate not being certified for office (OBOL 12-21-	<u>12-27-29.4</u> . I <u>29.3</u>).		
Bethany Soye	ister 22 1:39PM	Document submitted electronically by Darron Werkmeister Signature of Treasurer	1 <u>2-27-29.4</u> . I 2 <u>9.3</u>). (Treasurer),		
Bethany Soye Date: Oct 22 20		Document submitted electronically by Darron Werkmeister	1 <u>2-27-29.4</u> . I 2 <u>9.3</u>). (Treasurer),		
Bethany Soye Date: Oct 22 20 Date: Oct 22 20	22 1:39PM	Document submitted electronically by Darron Werkmeister Signature of Treasurer Document submitted electronically by Bethany Soye	1 <u>2-27-29.4</u> . I 2 <u>9.3</u>). (Treasurer),		