

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 P	Political Parties	Statewide Ballot Question	Committees	Statewide Candidate Committees			
County Po	litical Parties	Statewide Political Action	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 Ali Rae Horsted for SD							
Telephone Number <u>(605)</u> 366-1884							
Enter your name below as it appears on your nominating petition and the office you are seeking.							
Candidate Name Ali Rae Horsted							
Office Sought SD Senate - District:13							
Mailing Address 901 E 38th Street, Sioux Falls, SD 57105							
Street Address Same as Mailing Address							
	.,						
Committee webs	ite address (optional)						
Chair	ite address (optional)	as Chair of their Committee)					
	ite address (optional)						
Chair	ite address (optional) (Candidate can serve Ali Horsted						
Chair Name	(Candidate can serve Ali Horsted Der (605) 366-1884	as Chair of their Committee)					
Chair Name Telephone Numb	(Candidate can serve Ali Horsted Der (605) 366-1884	as Chair of their Committee) oux Falls, SD 57105					
Chair Name Telephone Numb Mailing Address	(Candidate can serve Ali Horsted Der (605) 366-1884 901 E 38th Street, Sio	as Chair of their Committee) oux Falls, SD 57105					
Chair Name Telephone Numb Mailing Address Street Address Email Address	ite address (optional) (Candidate can serve Ali Horsted Der (605) 366-1884 901 E 38th Street, Sio Same as Mailing Addralihorsted@gmail.com	as Chair of their Committee) oux Falls, SD 57105	you are not required to fill (out Treasurer fields below.			
Chair Name Telephone Numb Mailing Address Street Address Email Address X Check thi	(Candidate can serve Ali Horsted Der (605) 366-1884 901 E 38th Street, Sio Same as Mailing Addr alihorsted@gmail.com	as Chair of their Committee) oux Falls, SD 57105 ress n erving as Treasurer. If the same,		out Treasurer fields below. the Secretary of State's office, will go to the			
Chair Name Telephone Numb Mailing Address Street Address Email Address X Check thi * the Treasurer is Treasurer only.	(Candidate can serve Ali Horsted Der (605) 366-1884 901 E 38th Street, Sio Same as Mailing Addr alihorsted@gmail.com	as Chair of their Committee) oux Falls, SD 57105 ress n erving as Treasurer. If the same,					
Chair Name Telephone Numb Mailing Address Street Address Email Address X Check thi	(Candidate can serve Ali Horsted Der (605) 366-1884 901 E 38th Street, Sio Same as Mailing Addr alihorsted@gmail.com	as Chair of their Committee) oux Falls, SD 57105 ress n erving as Treasurer. If the same,					
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Chair Name Telephone Numb Mailing Address Street Address Email Address Check thi * the Treasurer is Treasurer only. Treasurer* Name	ite address (optional) (Candidate can serve Ali Horsted Der (605) 366-1884 901 E 38th Street, Sio Same as Mailing Addrested@gmail.com s box if Chair is also serve	as Chair of their Committee) oux Falls, SD 57105 ress n erving as Treasurer. If the same,					
Chair Name Telephone Numb Mailing Address Street Address Email Address X Check thi * the Treasurer is Treasurer only. Treasurer* Name Telephone Numb	ite address (optional) (Candidate can serve Ali Horsted Der (605) 366-1884 901 E 38th Street, Sio Same as Mailing Addrested@gmail.com s box if Chair is also serve	as Chair of their Committee) oux Falls, SD 57105 ress n erving as Treasurer. If the same,					

	ame, street address and mailing address of the entity with which the committee is connected or affiliated. If the con iated with any one entity, provide the trade, profession, or primary interest of the committee.	ımittee is not			
Statement of Purp	pose or Goals N/A				
Name of Affiliated	d Organization N/A				
Mailing Address	N/A				
Street Address	N/A				
Trade, Profession	n, 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 Yes No norder to comply with SDCL 2-1-1.1 and 1.2?					
If you are a Ballot or oppose(s) them	of Question Committee, explain the measure(s) and/or issue(s) the committee is involved with and whether the committee.	ommittee support(s)			
N/A					
who, with intent to forgery. Forgery is subjects the Treas organizations, \$50	execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal of defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of a class 5 felony (SDCL 22-39-36). I also understand that failure to timely file any statement, amendment, or corresponding to the control of th	any kind is guilty of			
Ali Horsted	that failure to timely file reports or pay penalties could result in the candidate not being certified for office (SDCL 12	uxiliary <u>ICL 12-27-29.4</u> I			
Ali Horsted Ali Rae Horsted		uxiliary CL 12-27-29.4 2-27-29.3)			
Ali Rae Horsted		uxiliary OL 12-27-29.4 I 2-27-29.3)(Treasurer),			
Ali Rae Horsted Date: Mar 26 20	d O24 9:06AM Document submitted electronically by Ali Horsted	uxiliary OL 12-27-29.4. I 2-27-29.3)(Treasurer),			
Ali Rae Horsted Date: Mar 26 20 Date: Mar 26 20	Document submitted electronically by Ali Horsted Signature of Treasurer Document submitted electronically by Ali Rae Horsted	uxiliary OL 12-27-29.4. I 2-27-29.3)(Treasurer),			