



# Statement of Organization

[SDCL 12-27-6](#)

The Treasurer for a political action 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](#)).

If you are intending to file with your local jurisdiction (county, school or municipality: candidate, ballot question committees and PACs) contact your local election official for the required form.

If you are submitting this Statement to the Secretary of State's office choose a **Committee Type** below.

**Committee Type** (you must select one):

<input checked="" type="checkbox"/> <b>Statewide Political Action Committee (PAC)</b>	<input type="checkbox"/> <b>Statewide Political Parties</b>	<input type="checkbox"/> <b>County Political Parties</b>
<input type="checkbox"/> <b>Statewide Ballot Question Committees</b>	<input type="checkbox"/> <b>Statewide Candidate Committees</b>	<input type="checkbox"/> <b>Legislative Committees</b>

## Committee Information

(ALL fields required unless indicated otherwise, please print):

➔ only **ONE candidate campaign committee** may be organized for each candidate ([SDCL 12-27-1 \(3\)](#)) ➔

**Full Name of Committee** Oscar Anderson South Dakota Freedom Fund

If you are a Candidate, list your name below as it appears on your nominating petition and the office you are seeking.

Candidate Name N/A

Office Sought N/A

Street Address 3101 South Bishop Jones Place, Sioux Falls, SD 57103

Postal Address 3101 South Bishop Jones Place, Sioux Falls, SD 57103

Committee website address (optional) \_\_\_\_\_

**Chair** (Candidate can serve as Chair of their Committee)

Name Jill Bockorny

Daytime Telephone Number (605) 271-0159 Evening Telephone Number (605) 254-5741

Street Address 3101 South Bishop Jones Place, Sioux Falls, SD 57103

Postal Address 3101 South Bishop Jones Place, Sioux Falls, SD 57103

Email Address Jbockorny1@gmail.com

Check this box if **Chair is also serving as Treasurer**. If the same, you are not required to fill out Treasurer fields below.

\* the Treasurer is responsible for all campaign finance reports and forms; letters and notices, sent by the Secretary of State's office, will go to the Treasurer only.

**Treasurer\***

Name \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Political Action or Ballot Question Committees:** you must list the full name, street address and postal address of the organization with which the committee is connected or affiliated, **OR** if the committee is not connected or affiliated with any one organization, state the trade, profession, or primary interest of the committee.

Name of Affiliated Organization N/A

Statement of Purpose or Goals N/A

Street Address N/A

Postal Address N/A

Trade, Profession, or Primary Interest of Committee To support republican candidates in South Dakota who share the core principles and ideas of limited government, free markets and a low rate of taxation.

check here if the committee (*does not apply to political party committees*) is incorporated under state or federal laws for liability purposes only ([SDCL 12-27-6 \(6\)](#))

If you are a **Ballot Question Committee**, indicate which measure the committee was involved with during the reporting period and whether the measure was supported or opposed.

Ballot Measure Number: N/A

Support

Oppose

You must list the name, street address, postal address and telephone number of each financial institution where you have an account or intend to have an account or depository for the benefit of your committee. We do not require you provide us with an Employer Identification Number (EIN), but your financial institution may require an EIN to open an account.

Name of Financial Institution	Daytime Telephone Number	Street Address	Postal Address
Great Western Bank	(605) 338-8235	100 North Philips Ave, Suite 100, Sioux Falls, , SD 57104	Same as Street Address

**Verification below must be SIGNED BEFORE SUBMITTING this Statement**

*This statement shall be signed by the candidate and treasurer for a candidate committee and by the chair and treasurer for other political committees. The treasurer of a political committee shall file and updated statement of organization not later than fifteen days after ANY change in the information contained on this statement.*

I Jill Bockorny (Treasurer),

I Jill Bockorny (Chair)

certify that I have examined this report and to the best of my knowledge and believe it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer responsible for filing to an administrative penalty of ten dollars (county political parties only) or fifty dollars per day for each day that the statement remains delinquent ([SDCL 12-27-29.1](#)).

Date: Oct 2 2012 10:45AM

Document submitted electronically by Jill Bockorny  
*Signature of Treasurer*

Date: Oct 2 2012 10:45AM

Document submitted electronically by Jill Bockorny  
*Signature of Chair*

Date/Time Received: Oct 2 2012 10:45AM

Date/Time Filed: Oct 2 2012 10:45AM