



# 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** SD Chiropractic Pac

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 2821 S Center Ave, Sioux Falls, SD 57105  
 Postal Address Same as Street Address  
 Committee website address (optional) \_\_\_\_\_

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

Name Max Reinecke  
 Daytime Telephone Number (605) 335-0880 Evening Telephone Number (605) 335-0880  
 Street Address 5509 S. Josh Wyatt Dr, Sioux Falls, SD 57108  
 Postal Address Same as Street Address  
 Email Address Drmax.reinchiro@midconetwork.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 foster legislation beneficial to the chiropractic patients of SD

☐ 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
First Bank and Trust	(605) 696-2200	520 6th St, Brookings, SD 57006	Same as Street Address
First Bank and Trust	(605) 696-2139	2233 6th St, Brookings, SD 57006	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 Max Reinecke (Treasurer),

I Max Reinecke (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: Feb 1 2014 12:07PM

Document submitted electronically by Max Reinecke  
*Signature of Treasurer*

Date: Feb 1 2014 12:07PM

Document submitted electronically by Max Reinecke  
*Signature of Chair*

Date/Time Received: Feb 1 2014 12:07PM

Date/Time Filed: Feb 1 2014 12:07PM