



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):

☒ Statewide Political Action Committee (PAC)	☐ Statewide Political Parties	☐ County Political Parties
☐ Statewide Ballot Question Committees	☐ Statewide Candidate Committees	☐ Legislative Committees

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 The Majority Project

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 Po Box 1485, Sioux Falls, SD 57104
Postal Address Same as Street Address
Committee website address (optional) _____

Chair (Candidate can serve as Chair of their Committee)

Name Ann Tornberg
Daytime Telephone Number (605) 610-5360 Evening Telephone Number (605) 610-5360
Street Address 29893 471st, Beresford, SD 57004
Postal Address Same as Street Address
Email Address Anntornberg@yahoo.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 _____

☐ 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
US Bank, Main Office	(605) 339-8600	141 N Main Ave, 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 Ann Tornberg _____ (Treasurer),

I Ann Tornberg _____ (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: Mar 13 2015 11:30AM

Document submitted electronically by Ann Tornberg
Signature of Treasurer

Date: Mar 13 2015 11:30AM

Document submitted electronically by Ann Tornberg
Signature of Chair

Date/Time Received: Mar 13 2015 11:30AM

Date/Time Filed: Mar 13 2015 11:30AM