



**FILED**

8/22/17

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# Statement of Organization - Local Jurisdictions

SDCL 12-27-6

**WHO FILES:** (12-27-39)

- County offices and ballot question committees in counties with population greater than ten thousand
- Ballot question committees in first class municipalities
- School board positions and ballot question committees in school districts with more than 2,000 average daily membership

**DEADLINE TO FILE:** 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. 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 contained on this statement.

**FILE WITH:** The local election official and contact them to make sure this is the required form they want you to use.

**Committee Type** (you must select one):  Municipal Candidate Campaign Committee

- County Candidate Committee    County Ballot Question Committee    Municipal Ballot Question Committee  
 School Board Candidate Committee    School District Ballot Question Committee

**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))

Candidate Name and Office Sought Thor Bardon Sioux Falls City Council Central District

Full Name of Committee Thor Bardon for City Council

Telephone Number 605-321-2463

Mailing Address 516 S Walts Ave City Sioux Falls State SD Zip 57104

Street Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Chair First and Last Name Thor Bardon

Telephone Number 605-321-2463 Email Address thor.bardon@gmail.com

Mailing Address 516 S Walts Ave City Sioux Falls State SD Zip 57104

Street Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 filing all campaign finance reports and forms.

**Treasurer** First and Last Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Political Action or Ballot Question Committees (required):** You must include a concise statement of the committee's purpose and goals. You must also list the full name, street address and mailing address of the entity with which the committee is connected or affiliated. If the committee is not connected or affiliated with any one entity, provide the trade, profession, or primary interest of the committee.

Statement of Purpose or Goals (required) \_\_\_\_\_

Name of Affiliated Entity \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Trade, Profession, or Primary Interest of Committee \_\_\_\_\_

If you are a **Ballot Question Committee**, indicate which measure the committee is involved with and whether you support or oppose the measure.

Ballot Measure Name and Number or Letter (if assigned): \_\_\_\_\_ Support  Oppose

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

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is guilty of forgery. Forgery is a Class 5 felony (SDCL 22-39-36).

Initial that you have read the above paragraph:

AB Treasurer AB Candidate \_\_\_\_\_ Chair (if not a candidate committee)

**Treasurer information**

(Printed Name) Thor Bardon

(Signature) Thor Bardon

(Date mm/dd/yyyy) 08/22/2017

**(Candidate or Chair (if not a candidate committee))**

(Printed Name) Thor Bardon

(Signature) Thor Bardon

(Date mm/dd/yyyy) 08/22/2017

**Mail completed form to your local election official.**