

City of Sioux Falls  
Statement of Financial Interest  
Elected Official

RECEIVED  
CITY CLERK'S OFFICE  
1/7/15 10:30 A  
Date Time

File statement within 15 days after filing nominating petitions. File additions or corrections within 15 days after taking office.

1. Name Christine Erickson  
2. Address 1109 Hyannis Port Ln.  
3. Phone Number 605-366-5377 4. E-Mail Address Christine.m.erickson@gmail.com  
5. Elected Office city council at large B

If there is no change since the filing of your post nomination statement of financial interest, please sign and return.

Date: 1/6/14 Signature: Christine M. Erickson

If there are changes, please complete the following:

6. What is your occupation/profession? \_\_\_\_\_

7. List any enterprise which accounted for more than 10 percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

8. List any enterprise in which you, your spouse, or minor children living at home control more than 10 percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

State of South Dakota )  
) SS  
County of \_\_\_\_\_)

Verification

I have reviewed paragraphs 1 through 8 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest, and certify that the information reported is a complete, true, and accurate representation of my financial interests for the preceding calendar year.

(Signed) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Officer Administering Oath

Submit Statement of Organization to:  
City Clerk's Office, 235 West Tenth Street, Sioux Falls, SD 57117-7402  
or fax to (605) 367-8070 or email to clerks@siouxfalls.org

Fax and email images must contain the signature(s) and the original must be filed in our office within one week following the date the fax/email was received.