



FILED

12/1/17

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CITY CLERK'S OFFICE
12/1/17 10:45
Date Time

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 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 Christine M. Erickson At-Large B
Full Name of Committee Erickson for Sioux Falls
Telephone Number 605-366-5377
Mailing Address 1109 Hyannis Port Ln City Sioux Falls State SD Zip 57106
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 Christine M. Erickson
Telephone Number 605 366 5377 **Email Address** Christine.m.erickson@gmail.com
Mailing Address 1109 Hyannis Port Ln City Sioux Falls State SD Zip 57106
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:

CE Treasurer XCE candidate _____ Chair (if not a candidate committee)

Treasurer information

(Printed Name) Christine Erickson

(Signature) Chri M E

(Date mm/dd/yyyy) 12-1-17

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

(Printed Name) Christine Erickson

(Signature) Chri M E

(Date mm/dd/yyyy) 12-1-17

Mail completed form to your local election official.