



Statement of Organization - Local Jurisdictions

FILED

11/14/17

SDCL 12-27-6

RECEIVED
CITY CLERK'S OFFICE
11/14/17 3:30
Date

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):

- County Candidate Committee County Ballot Question Committee Municipal **Candidate Campaign** 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 Rick Kiley - City Council SE District

Full Name of Committee Kiley for Council

Telephone Number 359-4501

Mailing Address PO Box 646 City Sioux Falls State SD Zip 57101

Street Address (if different than above) 3809 S Lisanne Ave City Sioux Falls State SD Zip 57103

Committee website address (optional) _____

Chair (Candidate may serve as Chair of their Committee)

Chair First and Last Name Rick Kiley

Telephone Number 359-4501 Email Address kickriley@sio.midco.net

Mailing Address PO Box 646 City Sioux Falls State SD Zip 57101

Street Address (if different than above) 3809 S Lisanne Ave City Sioux Falls State SD Zip 57103

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:

ADK Treasurer ADK Candidate _____ Chair (if not a candidate committee)

Treasurer information

(Printed Name) Rick Kiley

(Signature) Richard B. Kiley

(Date mm/dd/yyyy) 11/14/2017

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

(Printed Name) Rick Kiley

(Signature) Richard B. Kiley

(Date mm/dd/yyyy) 11/14/2017

Mail completed form to your local election official.