



# Statement of Organization- Local Jurisdictions

SDCL 12-27-6

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2/10/16 3:10pm

The Treasurer for a political action or ballot question 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; 12-27-23).

Contact your local election official to make sure this is the required form they want you to use.

## Those local jurisdictions that are required to file campaign finance documents (12-27-39):

- County offices and ballot questions in counties with population greater than five thousand
- Ballot questions in first class municipalities
- School district offices and ballot questions in school districts with more than two thousand average daily membership

### Committee Type (you must select one):

- County Candidate Committee    County Political Action Committee (PAC)    County Ballot Question Committee
- Municipal Candidate Committee
- Municipal Political Action Committee (PAC)    Municipal Ballot Question Committee
- School Board Candidate Committee    School District Political Action Committee (PAC)
- 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)) ←

**Full Name of Committee** \_\_\_\_\_

If you are a Candidate, list your name below as it appears on your nominating petition and the office you are seeking.

Marshall Selberg

Street Address 7512 S Denton Ave

City Sioux Falls

State SD

Zip 57108

Postal Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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

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

(first and last name) Kate Barnes

Daytime Phone Number 201-2273

Evening Phone Number \_\_\_\_\_

Street Address 211 E 29<sup>th</sup> St

City Sioux Falls

State SD

Zip 57105

Postal Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

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) \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Postal Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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 \_\_\_\_\_

Statement of Purpose or Goals \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Postal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

\_\_\_\_\_ Check here if the committee is incorporated under state or federal laws for liability purposes only (SDCL 12-27-6 (6)). If yes, a committee formed in this manner is unable to contribute directly to any political committees.

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 (*if has been assigned*): \_\_\_\_\_ 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.

**Financial Institution** First National Bank

Daytime Phone Number 782-5701

Street Address 401 W 57<sup>th</sup> St City Sioux Falls State SD Zip 57108

Postal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 an updated statement of organization not later than fifteen days after ANY change in the information contained on this statement.*

**PLEASE PRINT**

I Kate Barnes \_\_\_\_\_ (Treasurer),

I Marshall Selberg \_\_\_\_\_ (Chair or Candidate),

certify that I have examined this report and to the best of my knowledge and belief 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 a civil penalty of fifty dollars per day for each day that the statement remains delinquent (SDCL 12-27-30). The civil penalty shall be in addition to any criminal sanctions.

Date: 2/10/16 \_\_\_\_\_

Kate Barnes  
Signature of Treasurer

Date: 2/10/16 \_\_\_\_\_

Marshall Selberg  
Signature of Chair or Candidate

Mail completed form to your local election official.