



FILED

1/16/18

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1/16/18 1:46 p.m.
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 Thomas J. Hurlbert Central District
 Full Name of Committee Hurlbert for Council
 Telephone Number 605-212-1697
 Mailing Address 629 E. 21st Street City Sioux Falls State SD Zip 57105
 Street Address (if different than above) _____ City _____ State _____ Zip _____
 Committee website address (optional) tomhurlbert.com

Chair (Candidate may serve as Chair of their Committee)
 Chair First and Last Name Thomas J. Hurlbert
 Telephone Number 605-212-1697 Email Address thomashurlbert@hotmail.com
 Mailing Address 629 E. 21st Street City Sioux Falls State SD Zip 57105
 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 _____