

FILED

12/2/21

RECEIVED
CITY CLERK'S OFFICE
12/2/21 9:53am
Date Time



Statement of Organization - Local Jurisdictions

SDCL 12-27-6

WHO FILES: (SDCL 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): X Local Candidate Committee

- County Candidate Committee County Ballot Question Committee Municipal Ballot Question Committee
 School Board Candidate Committee School District Ballot Question Committee Political Action 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 Sarah Cole - City Council At-large Position A
Full Name of Committee Sarah for Sioux Falls
Telephone Number 605-550-0341
Mailing Address PO Box 88022 City Sioux Falls State SD Zip 57109
Street Address (if different than above) 8313 S Timber Oak Cir City Sioux Falls State SD Zip 57108
Committee website address (optional) www.sarahforsiouxfalls.com

Chair (Candidate may serve as Chair of their Committee)
Chair First and Last Name Sarah Cole
Telephone Number 605-550-0341 **Email Address** sarahforsiouxfalls@gmail.com
Mailing Address PO Box 88022 City Sioux Falls State SD Zip 57109
Street Address (if different than above) 8313 S Timber Oak Cir City Sioux Falls State SD Zip 57108

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**, explain, in detail, the measure(s) and/or issue(s) the committee is involved with and whether the committee support(s) or oppose(s) them.

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). I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer, who is responsible for filings under SDCL 12-27, to a civil penalty up to \$1,000.00 for each violation (SDCL 12-27-40).

Treasurer information

(Printed Name) _____
(Signature) _____
(Date mm/dd/yyyy) _____

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

(Printed Name) Sarah Cole
(Signature) Sarah Cole
(Date mm/dd/yyyy) 12/21/2024

Mail completed form to your local election official.