

## Statement of Organization - Local Jurisdic

SDCL 12-27-6

WHO FILES: (SDCL 12-27-39)

Street Address (if different than above)

- 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; 12-27-22.1). 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	u must select one):					
□ County Candidate Committee □ County Ballo	t Question	Committee   Munici	pal Ballot Ques	tion Committee			
□ School Board Candidate Committee □ School District Ballot Question Committee □ Political Action Committee							
Committee Information - (ALL formation only ONE candidate campaign committee	_						
Candidate Name and Office Sought							
Full Name of Committee Smart Growth Sioux F	alls						
Telephone Number_ 605.759.8456							
Mailing Address PO Box 90037	4	<sub>City</sub> Sioux Falls	State SD	Zip_57109			
Street Address (if different than above)	City _	State _	Zip				
Committee website address (optional)							
Chair (Candidate may serve as Chair of their Comm	ittee)						
Chair First and Last Name Mark Kuca	,,,,,,						
	Email	Address mark@midst	atesaudio.con	1			
Mailing Address 4012 North Hainje Avenue							
Street Address (if different than above)							
□ Check this box if Chair is also serving as Treasur		_	to fill out Treas	urer fields			
below. *The Treasurer is responsible for filing all ca	mpaign find	ance reports and forms.					
Treasurer First and Last Name Robert Peterson							
Telephone Number 605.759.8456	Email	Address rpeterson@citize					
Mailing Address 6405 S. Killarney Circle	4	$_{ m City}$ Sioux Falls	State SD	<sub>Zip</sub> 57108			

City

State

purpose and goals. You must also list the full name, str committee is connected or affiliated. If the committee is profession, or primary interest of the committee.	reet address and mailing	g address of the entit	ty with which the
Statement of Purpose or Goals (required)	* * * * * * * * * * * * * * * * * * *		
Name of Affiliated Entity	e singer in	9 9 50 - 50 -	
Mailing Address	City	State	Zip
Street Address (if different than above)	City	State	Zip
Trade, Profession, or Primary Interest of Committee Pro	omote forward-thinking, susta	inable development with	in Sioux Falls city limits
If you are a <b>Ballot Question Committee</b> , explain, in deand whether the committee support(s) or oppose(s) the The ballot question committee supports measures to prohibit cer	m.		
within Sioux Falls city limits.			
Verification below must be SIGNI	ED BEFORE SUI	BMITTING thi	s Statement
No person may execute this report knowing it is false in any penalty. Any person who, with intent to defraud, falsely may forged instrument of any kind is guilty of forgery. Forgery it timely file any statement, amendment, or correction required to a civil penalty up to \$1,000.00 for each violation (SDCL)	kes, completes, or alters a is a Class 5 felony (SDCL d subjects the Treasurer, w	written instrument of 22-39-36). I also und	any kind, or passes any lerstand that failure to
Treasurer information	(Candidate or Chai	r (if not a candidate	e committee))
(Printed Name) Robert Peterson (Signature) Management of the Angelows of the A	(Printed Name) Mark	Kuca	
(Date mm/dd/yyyy) 04/12/2022	(Date mm/dd/yyyy)	4/12/2022	

Mail completed form to your local election official.