



# Statement of Organization Judicial Candidate Committee

[SDCL 12-27-6](#)

**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 Secretary of State’s Office – 500 East Capitol Avenue, Ste.204, Pierre, SD 57501

## Committee Type

**Judicial Candidate 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** \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Chair First and Last Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_

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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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Date mm/dd/yyyy) \_\_\_\_\_

**Return completed form to:**

**Secretary of State's Office**

**Attn:** Elections • 500 E Capitol Ave., Ste. 204 • Pierre, SD 57501

**Email:** [cfr@state.sd.us](mailto:cfr@state.sd.us) • **Fax:** 605-773-6580