JAN 3 1 2024



## 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 <u>more than 2,000 average</u> 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):

■ County Candidate Committee □ County Ballot Q □ School Board Candidate Committee □ School Distr				
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 Annette Brant	Pennington County Treasurer			
Full Name of Committee Annette for Treasurer				
Telephone Number_ 605 - 381 - 1288  Mailing Address 4102 Starlite Dr	City Rapid City	State SD Z	<sub>zip</sub> 57702	
Street Address (if different than above) same  Committee website address (optional)		te Zip		
Chair (Candidate may serve as Chair of their Committee Chair First and Last Name Kevin Thom	e)			
Telephone Number 605-209-1613	Email Address kevin.thom3331@gmail.com			
Mailing Address PO Box 8012	City Rapid City	State SD 2	<sub>Zip</sub> 57709	
Street Address (if different than above) 810 Quincy St	City Rapid City Sta	te SD Zip 5770	1	
☐ Check this box if Chair is also serving as Treasurer. below. *The Treasurer is responsible for filing all camp  Treasurer First and Last Name Paul Thorstenson	If the same, you are not requaling finance reports and form	ired to fill out Treasurer	fields	
Telephone Number 605-342-5630	Email Address paul@KTLLP.COM			
Mailing Address 810 Quincy St	City Rapid City	State SD	<sub>Zip</sub> 57701	

City

State \_\_\_

Street Address (if different than above) same

Political Action or Ballot Question Committees (requipurpose and goals. You must also list the full name, structure is connected or affiliated. If the committee is profession, or primary interest of the committee.	reet address and mailin	g address of the enti-	ty with which the	
Statement of Purpose or Goals (required)				
Name of Affiliated Entity				
Mailing Address				
Street Address (if different than above)	City	State	_ Zip	
Trade, Profession, or Primary Interest of Committee				
If you are a <b>Ballot Question Committee</b> , explain, in deand whether the committee support(s) or oppose(s) the	etail, the measure(s) an	d/or issue(s) the con	nmittee is involved with	
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	(Candidate or Chai	r (if not a candidate	e committee))	
(Printed Name) Paul Thorstenson	(Printed Name) Kevir	Thom		
(Signature) Sand The	(Printed Name) Kevir	on A		
(Date mm/dd/yyyy) 1-26-24	(Date mm/dd/yyyy)	01/26/2024		

Mail completed form to your local election official.