

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
2017 JAN 11 AM 9:10

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

TIM JOHNSON FOR SOUTH DAKOTA INC.

ADDRESS (number and street)

P.O. Box 1536

(Check if address is changed)

SIOUX FALLS

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

X (Check if address is changed)

sharonboysen@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 15 2016

3. FEC IDENTIFICATION NUMBER ► C00201533

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sharon Boysen

Signature of Treasurer Sharon Boysen

Date 01/02/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 08/2012)

20170111020011223

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate TIM JOHNSON

Candidate Party Affiliation DEM Office Sought: House Senate President State SD District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

20170911 10:22:24

Write or Type Committee Name

TIM JOHNSON FOR SOUTH DAKOTA INC.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Empty grid lines for full name

Mailing Address

Empty grid lines for mailing address

Title or Position

CITY

STATE

ZIP CODE

Empty grid lines for title or position

Telephone number

Empty grid lines for telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

SHARON BUYSSEN

Mailing Address

PO BOX 1536

SIOUX FALLS

CITY

SD

STATE

57101

ZIP CODE

Title or Position

TREASURER

Telephone number

605-310-9960

201701110200011225

Full Name of Designated Agent

CARMYN EGEE

Mailing Address

PO Box 1586

SIOUX FALLS

CITY

SD

STATE

57101

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

605-310-9969

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US BANK

Mailing Address

141 N MAIN AVE

SIOUX FALLS

CITY

SD

STATE

57101

ZIP CODE

Name of Bank, Depository, etc.

FIRST BANK & TRUST

Mailing Address

110 N MINNESOTA AVENUE

SIOUX FALLS

CITY

SD

STATE

57101

ZIP CODE

201701110200011226

Additional Banks:

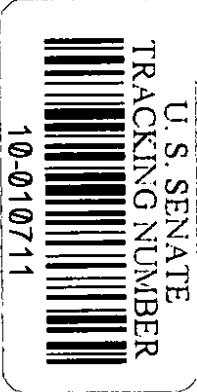
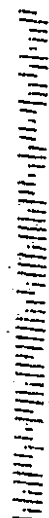
Great Western Bank
225 S. Main Avenue
Sioux Falls, SD 57104

State Bank of Alcester
P.O. Box 168
Alcester, SD 57001-0168

201701110200011227

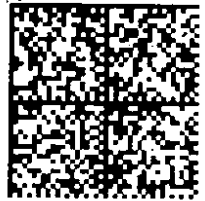
U.S. SENATE
P.O. Box 153

Walter Ralle
57101



U.S. MAIL
PB 1P 000
3661542
FCMF

S. POSTAGE
\$ 1.150
MAILED
JAN 03 2017
57103



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Office of Public Records
P.O. Box 77578
WASHINGTON, DC 20013-7578
**SCREENED
BY THE SENATE
POST OFFICE**

8221000201104102

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 1/11/17
Date of Receipt

1/3/17
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

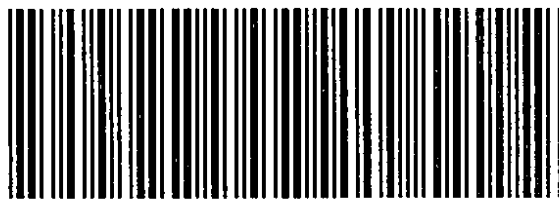
OTHER _____
Date of Receipt or Postmark

PREPARER HB DATE PREPARED 1/11/17

201701110200011229



SEN PATCH



SEN PATCH

201701110200011230