# FEC FORM 1

# STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
14 JUN 23 PM 2:39
Office Use Only

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

Pressler for Senate

ADDRESS (number and street) 3101 W 41st St

☒ (Check if address is changed) Suite 210

Sioux Falls | SD | 57105-8101
CITY ▲ | STATE ▲ | ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed) lpressler@larrypressler.com

Optional Second E-Mail Address
cponeal.cp@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) www.larrypressler.com

2. DATE 06 / 14 / 2014

3. FEC IDENTIFICATION NUMBER ▶ C00554519

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ 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 Colin O'Neal

Signature of Treasurer Colin O'Neal Date 06 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
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 06/2012)

14020434225

5. TYPE OF COMMITTEE

**Candidate Committee:**

(a) [X] 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: Larry Pressler

Candidate Party Affiliation: IND

Office Sought: [ ] House [X] Senate [ ] President

State: SD

District:

(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 C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

14020434226

Write or Type Committee Name

Pressler for Senate

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

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: Colin O'Neal

Mailing Address: 3101 W 41st St
Suite 210
Sioux Falls SD 57105-8101

CITY STATE ZIP CODE

Title or Position: Treasurer

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: Colin O'Neal

Mailing Address: 3101 W 41st St
Suite 210
Sioux Falls SD 57105-8101

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number

14020434227

Full Name of Designated Agent: Harriet Pressler

Mailing Address: 5105 S Rolling Green Ave
Suite 209
Sioux Falls | SD | 57108-

CITY | STATE | ZIP CODE

Title or Position: Deputy Treasurer

Telephone number: ___-___-___

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.

First Premier Bank

Mailing Address: 601 S Minnesota Ave
Sioux Falls | SD | 57104-

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY | STATE | ZIP CODE

14020434228

1402043422 9

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1004

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Label 228, July 2013

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# United States Senate

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OFFICE OF PUBLIC RECORDS

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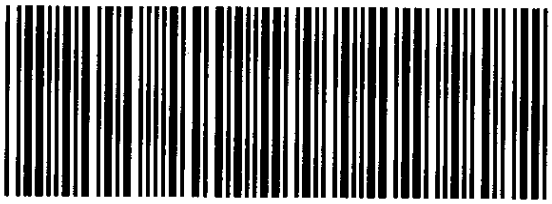

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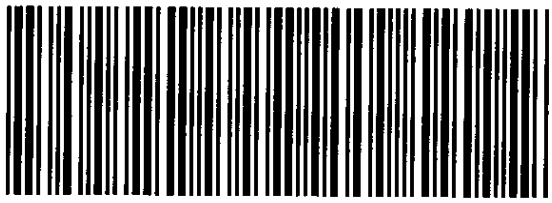
14020434231



SEN PATCH