FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Libertarian Party of South Dakota 314 S Wilson St ADDRESS (number and street) (Check if address is changed) Aberdeen 57401 SD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sodakliberty@gmail.com (Check if address is changed) Optional Second E-Mail Address katie@dbcapitolstrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.lpsouthdakota.org/ (Check if address is changed) DATE 2016 C00618207 FEC IDENTIFICATION NUMBER > 3. X 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. Christina Sirois Type or Print Name of Treasurer Christina Sirois [Electronically Filed] 05 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC F C	orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE e Committee:	. 490 -1
(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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee: (National, State	(Domocratic
(d) X	This committee is a STA or subordinate) committee of the LIB	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 secommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

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Write or Type Committee Name		r age 3
	y of South Dakota	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	n PAC Snonsor
-		p i 7to opolisoi
Gary Johnson Victory	Funa 	
Mailing Address	107 S West St	
J	Ste 922	
	Alexandria VA 22314	. _
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Lead	lership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Sarah K G	Granger	
Full Name		
Mailing Address	107 S West St	
	Ste 922	
	Alexandria VA 22314	
Title or Position	CITY STATE Z	IP CODE
Assistant Treasurer		-
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Christina S	Sirois	1
	107 S West St	
Mailing Address	Ste 922	
	Alexandria VA 22314 CITY STATE Z	IP CODE
Title or Position Treasurer		07 - 6451
	ielephone number	

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Full Name of Designated Agent	Sarah K Granger	
Mailing Address	107 S West St	
	Ste 922	
	Alexandria VA 22314 CITY STATE ZIF	P CODE
Title or Position Assistant Treasu	ırer 	
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds, holds a	accounts, rents
safety deposit bo Name of Bank, D	xes or maintains funds. Depository, etc.	
-	xes or maintains funds. Depository, etc. Access National Bank	
	Access National Bank 4221 Walney Rd	
Name of Bank, D	Access National Bank 4221 Walney Rd Ste 120	
Name of Bank, D	Access National Bank 4221 Walney Rd	
Name of Bank, D	Access National Bank 4221 Walney Rd Ste 120 Chantilly VA 20151	P CODE
Name of Bank, D	Access National Bank Access National Bank Ste 120 Chantilly CITY STATE ZII	
Name of Bank, D	Access National Bank Access National Bank Ste 120 Chantilly CITY STATE ZII	
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