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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. SOUTH DAKOTA REPUBLICAN PARTY PO Box 1099 ADDRESS (number and street) (Check if address is changed) Pierre SD 57501-1099 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address brett@mayadam.net is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.southdakotagop.com (Check if address is changed) DATE 2024 C00044990 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. Type or Print Name of Treasurer Koenecke, Brett,, Date 05 21 2024 Signature of Treasurer Koenecke, Brett, , , 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 For further information contact: FEC FORM 1 Federal Election Commission

Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate inform	nation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign com information below.)	mittee. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized of	
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (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 committee. (i.e., nonconnected committee)	separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line	e 6.)
(g) This committee is an independent expenditure-only political committee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, at least one of which is an authorized committee of a fe	•
(j) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, none of which is an authorized committee of a federal c	
Committees Participating in Joint Fundraiser	
1. Targeted State Victory	C C00566513
2.	C

Treasurer

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•	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name	_		
	SOUTH DAKOT	A REPUBLICAN PARTY		
6.		rganization, Affiliated Committee, Joint Fu	ındraising Representat	ive, or Leadership PAC Sponsor
	Targeted State Victor	У 		
	Mailing Address	228 S Washington Street, #115		
		Alexandria	VA	22314-5404
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repres	entative Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number option	al) and position of the pe	rson in possession of committee
	Koenecke,	Brett, , ,		
		503 S Pierre		
	Mailing Address			
		Pierre	SD SD	57501
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	605 - 222 - 0386
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the commi	ttee; and the name and address of
	Full Name Koenecke, of Treasurer	Brett, , ,		
	Mailing Address	503 S Pierre		
		Pierre	SD	57501
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			

605

Telephone number

222

0386

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Full Na Desigr Agent		cke, Brett, , ,				
Mailing	g Address	503 S Pierre				
		Pierre			SD	57501
Title o	r Position ▼		CITY ▲		STATE ▲	ZIP CODE ▲
Treas				Telephone num	605 ber	
	or Other Deposite deposit boxes or m	ories: List all banks or othe naintains funds.	r depositories in whi	ch the committee	e deposits fun	ds, holds accounts, rents
Name	of Bank, Depository	y, etc.				
	BankV	Vest				
Mailing	J Address	PO Box 998				
		Pierre			SD	57501
			CITY ▲	:	STATE A	ZIP CODE ▲
Name	of Bank, Depository	y, etc.				
	Chain	Bridge Bank N.A.				
Mailing	Address	1445A Laughlin Ave				
		McLean			VA	22101
			CITY A	:	STATE A	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
KOONDO ODGOI V			
Mailing Address	109 S. PIERRE ST.		
Relationship:	PIERRE CITY A	STATE A	57501 ZIP CODE ▲
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Represent	tative Leadership PAC Spo
		Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif		Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif		Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identife Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE ZIP CODE ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or malame of Bank,	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ZIP CODE ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ZIP CODE ts funds, holds accounts, rents

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1				FEC I	D number	C	
2				FEC I	D number	С	
3				FEC I	D number	С	
4				FEC I	D number	С	
Name of	Any Connected	Organization, Af	filiated Committee, Joint	Fundraising Re	presentative	e, or Leadership F	AC Spons
Trump	o Victory						
Mai	iling Address	c/o Red Curve	Solutions				
		138 Conant St	reet				
		Beverly			MA	01915]-[
			CITY A		STATE A	ZIP C	ODE 🛦
		Organization by name, address	-	✓ Joint Fundraisin		ative Leadersh	
	Connected ed Agent: Identify		Affiliated Committee			ative Leadersh	
esignate	Connected ed Agent: Identify		Affiliated Committee			ative Leadersh	
esignate	Connected ed Agent: Identify Name		Affiliated Committee			ative Leadersh	nip PAC Spo
esignate Full N	Connected ed Agent: Identify Name		Affiliated Committee			ative Leadersh	
esignate Full N Mailin	Connected ed Agent: Identify Name	by name, addres	Affiliated Committee			Leadersh ZIP CO	nip PAC Spo

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		,	
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
TRUMP 47 COMMIT	TEE, INC.		
Mariffer Address	P.O. BOX 509		
Mailing Address			
	APLINCTON		22246
51	ARLINGTON	VA	22216
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X July by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		Ative Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cories: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A