Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. POET PAC 4615 N Lewis Ave ADDRESS (number and street) (Check if address is changed) Sioux Falls 57104-SD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAC@POETPAC.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 26 2015 C00450692 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Jeff Pinkerman Type or Print Name of Treasurer Jeff Pinkerman [Electronically Filed] 80 26 2015 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

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 information below.)  Name of Candidate	Page 2
(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. (Completinformation below.)  Name of Candidate	ete the candidate
information below.)  Name of  Candidate	ete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	omogratic
	emocratic, epublican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected 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 segric committee. (i.e., nonconnected committee)	egated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
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Write or Type Committee Nar	ne	
POET PAC		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponso
Custodian of Records: Id books and records.	entify by name, address (phone number optional) and position of the	he person in possession of committee
Jeff Pink	terman	
Full Name	4615 N. Lewis Ave.	
Mailing Address		
	Sioux Falls SD	57104-7116
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	605 - 965 - 2288
. <b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the commit assistant treasurer).	ittee; and the name and address of
Full Name Jeff Pink	erman	
of Treasurer	4615 N. Lewis Ave.	
Mailing Address		
	Sioux Falls   SD	57104-7116
	Sioux Falls SD  CITY STATE	
	5	0000

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Full Name of Designated	Lezlee Herdina	, , , , , , I			
Agent  Mailing Address	2421 S 3rd Ave				
	Sioux Falls SD 57105-3914	CODE			
Title or Position Designated Ager					
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.					
	Wells Fargo				
Mailing Address	101 North Phillips Ave				
	Sioux Falls SD 57104				
	CITY STATE ZIP	CODE			
Name of Bank, Depository, etc.					
	<u> </u>				
Mailing Address					
	CITY STATE ZIP	CODE			