

**COSTELLO, PORTER, HILL, HEISTERKAMP,
BUSHNELL & CARPENTER, LLP**

SECRETARY OF THE SENATE

02 OCT -9 AM 7:40

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September 27, 2002

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Office of Public Records
232 Hart Senate Office Building
Washington, SD 20510-7116

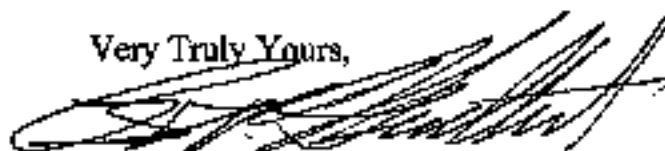
Re: Our File No. 22339
Sportsman's Alliance

Dear Clerk:

Enclosed for filing please find the Statement of Organization for South Dakota Sportsman's Alliance.

Should you have any questions or concerns please contact Joseph R. Lux or myself.

Very Truly Yours,



Robert E. Hurblut

REH:cml

Enc.

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

SECRETARY OF THE SENATE

02 OCT -9 AM 7:40

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SOUTH DAKOTA SPORTSMAN'S ALLIANCE

ADDRESS (number and street)

P.O. BOX 290

(Check if address is changed)

RAPID CITY

S.D

57709

0290

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

admin@sportsmansalliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

09

27

2002

3. FEC IDENTIFICATION NUMBER ▶

C

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.

Costello, Porter, Hill, Heisterkamp, Bushnell & Carpenter, LLP

Type or Print Name of Treasurer By: Joseph R. Lux

Signature of Treasurer by:

Joseph R. Lux

Date

09

27

2002

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 202-684-1100

FEC FORM 1

(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

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

Name of Candidate JOHN THUNE _____

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

(e) This committee is a separate segregated fund.

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

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 COSTELLO PORTER LAW FIRM

Mailing Address P.O. BOX 290

RAPID CITY SD 57709 - 0290

Title or Position LAW FIRM CITY STATE ZIP CODE

Telephone number 605 - 343 - 2410

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 COSTELLO PORTER LAW FIRM

Mailing Address P.O. BOX 290

RAPID CITY SD 57709 - 0290

Title or Position LAW FIRM CITY STATE ZIP CODE

Telephone number 605 - 343 - 2410

Full Name of Designated Agent JOSEPH R. LUX

Mailing Address P.O. BOX 290

RAPID CITY SD 57709 - 0290

Title or Position ATTORNEY CITY STATE ZIP CODE

Telephone number 605 - 343 - 2410

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.

PIIONEER BANK & TRUST

Mailing Address

P.O. BOX 9189

RAPID CITY SD 57709-9189

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

