

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

ADDRESS (number and street) 2600 W. 49th St.  
 (Check if address is changed) Ste. 200  
Sioux Falls SD 57105  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) lolson@sdsma.org

Optional Second E-Mail Address  
bsmith@sdsma.org

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed) http://www.sdsma.org/advocacy/sdmedpac/index.cfm

2. DATE 10 / 07 / 2011

3. FEC IDENTIFICATION NUMBER C C00005132

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 Smith, Barb, , Mrs.,

Signature of Treasurer Smith, Barb, , Mrs., [Electronically Filed] Date 04 / 11 / 2019

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.

5. 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 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 \_\_\_\_\_

**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 \_\_\_\_\_

Write or Type Committee Name

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

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

South Dakota State Medical Association

Mailing Address 2600 W. 49th St. Ste. 200 Sioux Falls SD 57105-6575 CITY STATE ZIP CODE

Relationship: [x] 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 Smith, Barb, , Mrs., Mailing Address 2600 W. 49th St. Ste. 200 Sioux Falls SD 57105 Title or Position CITY STATE ZIP CODE Treasurer Telephone number 605 336 1965

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 Smith, Barb, , Mrs., Mailing Address 2600 W. 49th St. Ste. 200 Sioux Falls SD 57105 Title or Position Treasurer Telephone number 605 336 1965

Full Name of Designated Agent

East, Mark, , ,

Mailing Address

2600 W. 49th St., Ste. 200

PO Box 7406

Sioux Falls

SD

57117-7406

CITY

STATE

ZIP CODE

Title or Position

Designated Agent

Telephone number

605

336

1965

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 National Bank

Mailing Address

100 South Phillips Avenue

P. O. Box 5186

Sioux Falls

SD

57117-5186

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE