FEC

STATEMENT OF

FOR	M 1		OR	GANIZ	ZATIC	N						
1 011				(See instruc	tions)				C	office use only		
1. NAME (OF ITTEE (in	full)		neck if name changed)		mple: If typyi r the lines	ng, type	12FE4	1M5			
Curd f	or Cong	ress										11
سسا	ш				шш							
ADDRESS (r	number and	street)	PO Box	2464	ш							
,	k if address	3		ш	шш							
X is char	is changed)		Sioux F	alls	ш		ш	SD		57101		
					CITY	•		STATE		ZIP	CODE 🔺	
COMMITTE	E'S E-MAI	IL ADDRES		ovide only one								
X (Check	k if address	3	info@c	ırdforcong	ress.con	1						
	g,				ш							11
COMMITTE	E'C WED		DESS (LIDI)									
COMMITTE				ww.curdfo	rconares	s com/						
(Checl	k if address nged)	5		I I I I								
			шш		шш							
2. DATE	M N	, D	D / Y Y 2	0 0 9 Y								
3. FEC IDI	ENTIFICA	TION NUM	BER		C CO	0468181						
4. IS THIS	STATEM	IENT X	NEW (N) OR		AMEN	IDED (A)					
I certify that I h	nave exami	ned this Stat	ement and to t	he best of my k	nowledge a	nd belief it is t	rue, correct ar	nd complete				
			Drie	ın Gosch								
Type or Print	t Name of	Treasurer	ВП	iii Goscii								
Signature of	Treasurer	Electror	nically Filed by	Brian G	osch			Date	1 2 M	14	/ Y	ž 0 0 9
NOTE: Submi	ission of fal		·	te information r					•	s of 2 U.S.C.	§437g.	
	ffice	<i>`</i>	1						20			
L	Jse Only					Federal Elec	information oction Commission-424-9530			FEC F	ORM 02/2009)	

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5.	TYPE OF CO	OMMITTEE (Check One)								
	Candidate C	Committee:								
	(a) X	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 information below.)	e candidate							
	Name of Candidate	Richard Blake Curd								
	Candidate Party Affiliati	on REP Office X House Senate President	State SD District 00	=						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District	_						
	Name of									
	Name of Candidate									
	Party Comm	nittee:								
	(d)		Democratic, Republican,etc.) Party.							
	Political Act	tion 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 Or								
		Membership Organization Trade Association Cod	perative							
		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 Fundra	sising Representative:								
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political							
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political							
	Com	mittees Participating in Joint Fundraiser								
		1. FEC ID number C								
		2. FEC ID number C								
		3. FEC ID number								
		EEC ID number C								

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	FEC Form 1 (Revised 0	2/2009)			Page 3
NONE Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE CITY▲ STATE▲ ZIP CODE ▲ Relationship: ▼ Connected Organization	Write or Type Committee Name				
Mailing Address CITY▲ STATE A ZIP CODE A Relationship:	Curd for Congress				
CITY▲ STATE▲ ZIP CODE ▲ Relationship:	6. Name of Any Connected Or	ganization, Affiliated Committee,	Joint Fundraising Representati	ve, or Lead	dership PAC Sponsor
CITY STATE ZIP CODE Relationship: Connected Organization	NONE				
CITY STATE ZIP CODE Relationship:				<u> </u>	
Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon 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 Kevin Broghamer Mailing Address PO Box 2464 Sioux Falls SD 57101 _ Title or Position ▼ CITY A STATE A ZIP CODE A Telephone number 605 - 271 - 744 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 Brian Gosch Mailing Address PO Box 2464 Sioux Falls SD 57101 _ Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Leadership PAC Spon Leadership PAC Spon Leadership PAC Spon Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Leadership PAC Spon	Mailing Address				
Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon 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 Kevin Broghamer Mailing Address PO Box 2464 Sioux Falls SD 57101 _ Title or Position ▼ CITY A STATE A ZIP CODE A Telephone number 605 - 271 - 744 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 Brian Gosch Mailing Address PO Box 2464 Sioux Falls SD 57101 _ Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer Affiliated Committee Joint Fundraising Representative Leadership PAC Spon					
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X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon 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 Kevin Broghamer Mailing Address PO Box 2464 Sioux Falls SD 57101 Title or Position ▼ CITY A STATEA ZIP CODE A Telephone number 605 271		CITY	STA	ATE 🛋	ZIP CODE
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	Relationship:		_	_	
possession of Committee books and records. Full Name	X Connected Organization	Affiliated Committee	Joint Fundraising Represen	ntative	Leadership PAC Sponsor
Title or Position ▼ CITY A STATE A ZIP CODE A Telephone number 605 - 271 - 74 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 Brian Gosch Mailing Address PO Box 2464 Sioux Falls SD 57101 - Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer	Full Name Kevin	Broghamer			
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		Sioux Falls		SD	57101
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address PO Box 2464 Sioux Falls Sioux Falls STATE A ZIP CODE A Treasurer Treasurer	Title or Position ▼	CITY A			_
Title or Position ♥ CITY A STATE A ZIP CODE A Treasurer 605 271 74	name and address of any Full Name of Treasurer Brian	y designated agent (e.g., assist		the comm	nittee; and the
Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer 605 271 74					
Treasurer 605 271 7 <i>4</i>		Sioux Falls		SD	57101
Treasurer Telephone number 605 _ 271 _ 74	Title or Position ♥	CITY A	ST	ATE.	ZIP CODE A
	Treasure	r	Telephone number	605	_ 271 _ 7401

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Full Name of Designated Agent	Kevin Broghamer		
Mailing Address	PO Box 2464		
	Sioux Falls	SD	57101 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Telephone number 605	
9. Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, e	tains funds.	which the committee deposits funds, ho	olds accounts, rents
Wells	s Fargo Bank, N.A.		
Mailing Address	101 North Phillips Avenue		
	Sioux Falls	SD [57104 _
	CITY 🗻	STATE △	ZIP CODE 🛕
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY 🗖	STATE ⊿	ZIP CODE 🛕