

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

South Dakota Democratic Party

ADDRESS (Number and street)

207 East Capitol Suite 103

(Check if address is changed)

Pierre

SD

57501

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

democrats@sddp.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.sddp.org

COMMITTEE'S FAX NUMBER

605-224-1759

2. DATE

03 / 11 / 2004

3. FEC IDENTIFICATION NUMBER

C C00160937

4. IS THIS STATEMENT

X

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

Bill Nibbelink

Signature of Treasurer

Electronically Filed by Bill Nibbelink

Date

03 / 11 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

FEC FORM 1  
(Revised 02/2003)

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

Name of Candidate \_\_\_\_\_

- (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

South Dakota Women Vote \_\_\_\_\_

Mailing Address \_\_\_\_\_ 1120 Connecticut Avenue \_\_\_\_\_

\_\_\_\_\_ Suite 110D \_\_\_\_\_

\_\_\_\_\_ Washington \_\_\_\_\_ DC \_\_\_\_\_ 20036 \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_ Joint Fundraising Committee \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**South Dakota Democratic Party**

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 \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of  
Designated  
Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

