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. Corinna for South Dakota PO Box 3432 ADDRESS (number and street) (Check if address is changed) Rapid City 57709 SD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@corinnaforsd.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.corinnaforsd.com (Check if address is changed) DATE 30 2014 C00551127 FEC IDENTIFICATION NUMBER > 3. X 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. Sam Khoroosi Type or Print Name of Treasurer Sam Khoroosi [Electronically Filed] 04 30 2014 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 Only Local 202-694-1100

FEC Fo	Form 1 (Revised 02/2009) Page 2	
	COMMITTEE	
	te 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 candidatinformation below.)	ate
Name of Candidate	Corinna Robinson	
Candidate	Office	SD
Party Affiliat	ation DEM Sought: X House Senate President District	00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	ommittee:	
(d)	This committee is a (National, State (Democratic, Republican, etc.)) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizat	tion is a
	Corporation Corporation w/o Capital Stock Labor Organiza	ation
	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 o committee. (i.e., nonconnected committee)	r party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	ndraising 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.	al
(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.	al
Con	mmittees Participating in Joint Fundraiser	
1.		
2.		Ü
3.		•
4.		-

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Write or Type Committee N	Name	
Corinna for S	outh Dakota	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
<u> </u>	<u>_ </u>	
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Deletienskin Conn.	Laint Fundration Depresentative	_
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records:	Identify by name, address (phone number optional) and position of the person	on in possession of committee
books and records.	radially by flame, data see (priorite flame).	жи просососии ст. 222
Sam F	Khoroosi	
	PO Box 3432	
Mailing Address	1	
	Rapid City SD	57709
Title or Position	CITY STATE	ZIP CODE
Treasurer	605 Telephone number	691 3764
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	d the name and address of
	Khoroosi	
of Treasurer	UDO Poy 2422	
Mailing Address	PO Box 3432	
	5 20	
		57709
Title or Position , Treasurer	CITY STATE	ZIP CODE
	605 Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STAT	E ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depos	ository, etc.	posito fanas, notas deceantes, fonte
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Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name	or maintains funds. pository, etc. /ells Fargo Bank 825 Saint Joseph Street	5D 57709