



Candidate's or Committee's Report of Receipts and Expenditures

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Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Sioux Empire Friends of Affordable Housing

Complete Mailing Address 4320 S. Arway Drive, Sioux Falls, SD 57106

Name of Person Making Report Cindy Sheehan Daytime Phone Number (605) 361-8322

If you are a candidate, what office are you seeking?

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Pre-Primary

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) May 22, 2004

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Cindy Sheehan (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 5-21-04

Candidate Signature or Signature of Committee Treasurer or Chairperson

Filed this 21st day of May 04 Chi Nelson SECRETARY OF STATE



Name of Candidate or Committee: \_\_\_\_\_

For the reporting period ending: \_\_\_\_\_

**Schedule B - Fund-Raising Events Proceeds**

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds

Total: \_\_\_\_\_

**Schedule C - In Kind Contributions**

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value

Total: \_\_\_\_\_

**Schedule D - Other Income**

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount

Total: \_\_\_\_\_







Name of Candidate or Committee: Sioux Empire Friends of Affordable Housing

For the reporting period ending: May 22, 2004

### Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period:		\$ <u>11078.90</u>
2. Receipts		
Schedule A - Direct Contributions	\$ <u>1350.00</u>	
Schedule B - Fund-Raising Events	\$ _____	
Schedule C - In Kind Contributions	\$ _____	
Schedule D - Other Income	\$ _____	
Total of all Receipts	\$ _____	
3. Total Monetary Receipts (A+B+D)		\$ <u>1350.00</u>
4. Candidate's Personal Contribution to Own Campaign		\$ _____
5. Monetary Loans to Candidate or Committee During Reporting Period		\$ _____
6. Monetary Loans Repaid During Reporting Period		\$ _____
7. Expenditures - Schedule E		\$ <u>2973.08</u>
8. Unpaid Obligations - Schedule F	\$ _____	
9. Amount on hand at the close of this reporting period. *		
This should equal lines (1+3+4+5) - (6+7)		\$ <u>9455.82</u>

