

State of South Dakota



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

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

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

Name of Candidate or Committee Ziebach Co. Republican Cent. Comm.

Complete Mailing Address P.O. Box 166 - Dupree, S. D. 57623

Name of Person Making Report Dorothy M. Serr Daytime Phone Number 365-5271

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) _____

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) Dec. 31, 2004

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Dorothy M. Serr (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: Jan. 11, 2005

Dorothy M. Serr
Candidate Signature or
Signature of Committee Treasurer or Chairperson

Revised July 2001

No report. Balance the same as 10-26-2004 — #102,68.

Filed this 12th day of January 05
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: _____

For the reporting period ending: _____

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>102.68</u> |
| 2. Receipts | | |
| Schedule A - Direct Contributions | \$ _____ | |
| 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) | | \$ _____ |
| 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 | | \$ _____ |
| 8. Unpaid Obligations - Schedule F | \$ _____ | |
| 9. Amount on hand at the close of this reporting period. * | | \$ <u>102.68</u> |
| This should equal lines (1+3+4+5) - (6+7) | | |

