

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

RECEIVED

JUN 21 2006

S.D. SEC. OF STATE

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

Name of Candidate or Committee Alice McCoy

Complete Mailing Address 142 MacArthur St.

Name of Person Making Report Lorraine Sandy Daytime Phone Number 716-9421

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

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) Post-primary

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) July 3, 2006

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Alice McCoy (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: 6-20, 2006

Alice McCoy Candidate Signature or Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 22nd day of June 06 Chris Nelson SECRETARY OF STATE

Name of Candidate or Committee Alice McCoy

For the reporting period ending 6-17-2006

**Schedule A - Direct Contributions**

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals: \*\$ 150.00

Itemized Contributions from Individuals

Name	Residence Address	Place of Employment (Name of Employer)	
William Peterson	3808 Emerson Dr. Sioux Falls, SD 57163	Self	\$ _____
			\$ _____
			\$ <u>250.00</u>
			\$ _____
			\$ _____
Douglas L. Estes	4120 Parkridge Pl. Rapid City, SD 57702		\$ _____
			\$ _____
			\$ <u>250.00</u>
			\$ _____
			\$ _____
Doyle Estes	P.O. Box 330 Rapid City, S.D. 57709		\$ _____
			\$ _____
			\$ <u>250.00</u>
			\$ _____
			\$ _____
Zani F. Shafari	2988 Jasmine Ln. Rapid City, S.D. 57702		\$ _____
			\$ _____
			\$ <u>250.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

Total of Itemized Contributions from Individuals: \*\$ 2000.00



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
<b>Total:</b>	_____

**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
<b>Total:</b>	_____	_____

**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
<b>Total:</b>	_____





Name of Candidate or Committee: Alice McCoyFor the reporting period ending: 6-17-2006**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><del>0</del></u>       |
| 2. Receipts  |                              |                              |
| Schedule A - Direct Contributions                                    | \$ <u>1,000<sup>00</sup></u> |                              |
| Schedule B - Fund-Raising Events                                     | \$ <u>—</u>                  |                              |
| Schedule C - In Kind Contributions                                   | \$ <u>—</u>                  |                              |
| Schedule D - Other Income  | \$ <u>—</u>                  |                              |
| Total of all Receipts  | \$ <u>1,000<sup>00</sup></u> |                              |
| 3. Total Monetary Receipts (A+B+D)                                   |                              | \$ <u>2,400<sup>00</sup></u> |
| 4. Candidate's Personal Contribution to Own Campaign                 |                              | \$ <u>—</u>                  |
| 5. Monetary Loans to Candidate or Committee During Reporting Period  |                              | \$ <u>—</u>                  |
| 6. Monetary Loans Repaid During Reporting Period                     |                              | \$ <u>—</u>                  |
| 7. Expenditures - Schedule E   |                              | \$ <u>2,049<sup>90</sup></u> |
| 8. Unpaid Obligations - Schedule F                                   | \$ <u>—</u>                  |                              |
| 9. Amount on hand at the close of this reporting period. *           |                              | \$ <u>350<sup>10</sup></u>   |
| This should equal lines (1+3+4+5) - (6+7)                            |                              |                              |

\$ 2,482.51 left over from  
2004 campaign was  
used for constituent services.  
KLW  
6-22-06  
phone call

State Capitol, Suite 204  
500 East Capitol Avenue  
Pierre, South Dakota  
57501-5070  
sdsos@state.sd.us  
www.sdsos.gov



**Chris Nelson**  
Secretary of State

Chad Heinrich  
Deputy

## State of South Dakota

### Voluntary Statement of Organization for a Political Action or Ballot Question Committee

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filing.

FULL NAME OF COMMITTEE: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COMMITTEE TREASURER: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF COMMITTEE (PAC or Ballot Question): \_\_\_\_\_

If you are a ballot question committee, please also indicate the measure which you are supporting or opposing.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of person submitting voluntary registration