

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 Buffalo County Democratic Comm

Complete Mailing Address P.O. Box 134 - Swan Valley SD 57344

Name of Person Making Report MAXINE FRANK Daytime Phone Number 605-293-3260

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) 10-25-06

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I MAXINE FRANK (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: 10-25-06

Signature of Candidate or Committee Treasurer or Chairperson: Maxine Frank

Revised July 2001

Filed this 27th day of October 2006. Chris Nelson SECRETARY OF STATE

Name of Candidate or Committee: Dem, Comm

For the reporting period ending: 10-26-06

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:	<u>NONE</u>

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:		<u>NONE</u>

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:	<u>NONE</u>

Name of Candidate or Committee: Demmo CommFor the reporting period ending: 10-26-06**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>982.63</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>982.63</u> |
| This should equal lines (1+3+4+5) - (6+7) | | |

