County Party Treasurer Certification Form
State of South Dakota

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Yankton County Republicans
Name of County Political Party

I, Greg Adamson (print name of County Party Chair) hereby certify the following person is responsible for the financial records and reports required pursuant to chapter 12-27:

Party Treasurer: Lynette R Larson (print name of County Party Treasurer)

Complete Mailing Address: 114 CASE,

YANKTON (city), South Dakota, 57078 (zip code)

SDCL 12-5-14. County central committee--Composition--Organization--Certification of party officials. The precinct committeemen and the precinct committeewomen of each political party; the state committeemen and committeewomen; the county chairperson, vice-chairperson, and secretary-treasurer or secretary and treasurer; and the elected public officers who reside in the county and other officers as designated by the party's constitution or bylaws, constitute the county central committee of their respective parties. They shall form their party organization by electing a county chairperson and other officers as determined by the party's constitution or bylaws. The name and mailing address of the county chairperson shall be certified to the county auditor immediately following the election of the county chairperson or change of the county chairperson. The name and mailing address of the county officer responsible for the records and reports required pursuant to chapter 12-27 shall be certified to the secretary of state immediately following the election. The name and mailing address of the state party chairperson shall be certified to the secretary of state immediately following the election or appointment of the state party chairperson.

Committeeman

Signature of County Chair — Date 3/16/09

Lynette R Larson

Signature of County Treasurer — Date Feb 24, 2009

Filed this 18th day of March, 09

Chris Nelson
SECRETARY OF STATE

Submit certification to:
Secretary of State, Elections Department
500 East Capitol Ave., Ste. 204
Pierre, SD 57501

Chris Nelson
SECRETARY OF STATE

Filed this _____ day of _____, _____