

State of South Dakota - Statement of Organization Candidates, Political Action or Ballot Question Committees

Full Name of Committee: 🕂	lealthy Communities Ball	ot Question Committee	RECEIVED
070011/10			SEP 3 0 2013
3708 W Brooks Place; Sioux Falls SD 57106 Committee Street Address			
ommittee Street Address			S.D. SEC. OF STATE
3708 W Brooks Place; Sioux Fal	ls SD 57106		
ommittee Postal Address			
laaank Obla		005 755 0400	
Joseph Sluka Jame of Chair		605-755-9126	
		Chair Daytime Telephone #	
353 Fairmont Boulevard, Ra	apid City SD 57701		
hair Street Address		Chair Postal address (if different)	
sluka@regionalhealth.com			
hair E-Mail Address		Organization Web Site Address (Opti	ional)
fou must list the name, street address, naintained by or for the benefit of the	postal address and telephone	number of each financial institu	ution where an account or depository is
Name of Financial Institution	Street and Postal Address		Telephone Number
Great Western Bank	2101 W 41st Stree	t; Sioux Falls SD 57105	605-334-2548
David R Hewett Name of Treasurer 3708 W Brooks Place; Sioux Falls SD 57106 Treasurer Street Address 3708 W Brooks Place; Sioux Falls SD 57106 Treasurer Postal Address dave.hewett@sdaho.org Treasurer E-Mail Address 605-361-2281		you must list the full name, street address, and postal address of the organization with which the committee is connected or affiliated, or if the committee is not connected or affiliated with any one organization, the trade, profession, or primary interest of the committee. South Dakota Association of Healthcare Organizations Name of Affiliated Organization 3708 W Brooks Place; Sioux Falls SD 57106 Organization Address Health Care Trade, Profession, or primary interest of the committee Check here if your committee is incorporated under federal	
reasurer Daytime telephone # Candidate Committee, please note office b	peing sought.	or state laws for	liability purposes only.
romote South Dakota ballot measures that ad	vance the overall health of South Da	akotans and support the delivery of hig	h quality community-based health care
Political Action Committee or Ballot Quest	ion Committee, please provide a	statement of your purpose and goal	ls.
			7
f Ballot Question Committee, Ballot Question	n number or letter	Supporting?	Opposing?
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State law requires statewide and legislative candidate committees, political action committees (PAC) and ballot question committees to register with the Secretary of State. Candidate committees must register within fifteen days after becoming a candidate. Candidate committees that have not already filed a statement of organization, PACs and ballot question committees must register not later than fifteen days after the date upon which the committee made contributions, received contributions or paid expenses in excess of five hundred dollars unless such activity falls within thirty days of any statewide election in which case the statement of organization shall be filed within forty-eight hours.

The following verification must be completed before submitting statement.

VERIFICATION OF PERSONS MAKING REPORT

We			
responsible for filing to a civil penalty of fifty dollars per day for each day that the statement remains delinquent.			
Date Signature of Candidate of Committee Chairman			
Date Signature of Treasurer			
The candidate or treasurer of a political committee shall file an updated statement of organization not later than fifteen days after any change in the information contained on the most recently filed statement of organization.			
County, municipal and school candidates file with the person in charge of the local election.			
Statewide and legislative candidate committees, political action committees (PAC) and ballot question committees to register with the Secretary of State at:			
Secretary of State, Elections Department 500 East Capitol Ave., Ste 204 Pierre, SD 57501 or fax to 605-773-6580 or e-mail to cash@state.sd.us			
Fax and email images must contain the signature(s) and the original must be filed in our office within one week following the date the fax/email was received.			
For Office Use Only:			