



Statement of Organization

[SDCL 12-27-6](#)

The Treasurer for a political action committee shall file a statement of organization not later than 15 days after the date upon which the committee made contributions, received contributions, or paid expenses in excess of \$500.00. However, if such activity falls within 30 days of any statewide election, the statement of organization shall be filed within 48 hours. A candidate shall file a statement of organization for a candidate campaign committee not later than 15 days after becoming a candidate ([SDCL 12-27-3](#)).

If you are intending to file with your local jurisdiction (county, school or municipality: candidate, ballot question committees and PACs) contact your local election official for the required form.

If you are submitting this Statement to the Secretary of State's office choose a **Committee Type** below.

Committee Type (you must select one):

<input type="checkbox"/>	Statewide Political Action Committee (PAC)	<input type="checkbox"/>	Statewide Political Parties	<input type="checkbox"/>	County Political Parties
<input checked="" type="checkbox"/>	Statewide Ballot Question Committees	<input type="checkbox"/>	Statewide Candidate Committees	<input type="checkbox"/>	Legislative Committees

Committee Information

(ALL fields required unless indicated otherwise, please print):

only **ONE** candidate campaign committee may be organized for each candidate ([SDCL 12-27-1 \(3\)](#))

check here if the committee (does not apply to political party committees) is incorporated under state or federal laws for liability purposes only ([SDCL 12-27-6 \(6\)](#))

Full Name of Committee Healthy Communities Ballot Question Committee

If you are a Candidate, list your name below as it appears on your nominating petition and the office you are seeking.

Candidate Name N/A

Office Sought N/A

Street Address 3708 W Brooks Place, Sioux Falls SD, 57106

Postal Address Same as Street Address

Committee website address (optional) _____

Chair (Candidate can serve as Chair of their Committee)

Name Angelia Svihovec

Daytime Telephone Number (605) 845-8105 Evening Telephone Number (605) 845-8105

Street Address 1401 10th Ave W, Mobridge SD, 57601

Postal Address PO Box 580, Mobridge SD, 57601

Email Address Asvihovec@primecare.org

Check this box if **Chair is also serving as Treasurer**. If the same, you are not required to fill out Treasurer fields below.

* the Treasurer is responsible for all campaign finance reports and forms; letters and notices, sent by the Secretary of State's office, will go to the Treasurer only.

Treasurer*

Name Scott Duke

Daytime Telephone Number (605) 361-2281 Evening Telephone Number (605) 361-2281

Street Address 3708 W Brooks Place, Sioux Falls SD, 57106

Postal Address Same as Street Address

Email Address Scott.duke@sdaho.org

Political Action or Ballot Question Committees: 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.

Name of Affiliated Organization N/A

Street Address N/A

Postal Address N/A

Trade, Profession, or Primary Interest _____

Statement of Purpose or Goals Promote South Dakota ballot measures that advance the overall health of South Dakotans and support the delivery of high-quality, community-based health care

If you are a **Ballot Question Committee**, indicate which measure the committee was involved with during the reporting period and whether the measure was supported or opposed.

Ballot Measure Number: Not Yet Assigned

Support

Oppose

You must list the name, street address, postal address and telephone number of each financial institution where you have an account or intend to have an account or depository for the benefit of your committee. We do not require you provide us with an Employer Identification Number (EIN), but your financial institution may require an EIN to open an account.

Name of Financial Institution	Daytime Telephone Number	Street Address	Postal Address
Great Western Bank	(605) 334-2548	2101 W. 41st Street, Sioux Falls SD, 57105	Same as Street Address

Verification below must be SIGNED BEFORE SUBMITTING this Statement

This statement shall be signed by the candidate and treasurer for a candidate committee and by the chair and treasurer for other political committees. The treasurer of a political committee shall file and updated statement of organization not later than fifteen days after ANY change in the information contained on this statement.

I Scott Duke (Treasurer),

I Angelia Svihovec (Chair)

certify that I have examined this report and to the best of my knowledge and believe it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer responsible for filing to an administrative penalty of ten dollars (county political parties only) or fifty dollars per day for each day that the statement remains delinquent ([SDCL 12-27-29.1](#)).

Date: Apr 22 2015 2:42PM

Document submitted electronically by Scott Duke
Signature of Treasurer

Date: Apr 22 2015 2:42PM

Document submitted electronically by Angelia Svihovec
Signature of Chair

Date/Time Received: Apr 22 2015 2:42PM

Date/Time Filed: Apr 22 2015 2:42PM