

Ballot Question Contribution Statement

Filed this

SECRETARY OF STATE

A ballot question committee may only accept contributions from a person, organization, political committee, or political party. A violation of this section is a Class 1 misdemeanor (<u>SDCL 12-27-18.1</u>).

Organizations must complete the following sections that apply (SDCL 12-27-19).

File this statement with the Ballot Question committee.

SECTION 1 - choose one of the following

□ Check here if your organization is filed as a domestic or foreign entity in good standing with the South Dakota Secretary of State. <u>Proceed to Section 2</u>.

E Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.

 \Box Check here if the previous statements do not apply and proceed to <u>Section 3</u>.

SECTION 2 - fill in the following

Full name of organization: SELECT MANAGEMENT RESOURCES, LLC

State or country under whose law the organization is incorporated or organized: GEORGIA

Complete address (address, city, state, zip) of organization's principal office: 3440 PRESTON RIDGE ROAD, SUITE 500, ALPHARETTA, GA. 30005

SECTION 3 - required if you did not fill out Sections 1 and 2.

Full name of organization:

Complete address (address. city, state, zip) of organization's principal office:

Name of person authorizing the contribution:

Complete address (address, city, state, zip) of person authorizing the contribution:

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

Last updated 12.17.15

day of

SECTION 4 - (SDCL 12-27-19)

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to § 12-27-18, an organization shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the organization declaring and affirming, under the penalty of perjury, the following:

(1) The name and street address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee; and

(2) That no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot question.

Name of Shareholder or Member	Complete Address (address, city, state, zip)
ROD AYCOX	3440 PRESTON RIDGE ROAD, SUITE 500, ALPHARETTA, GA, 30005

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts,

including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised , or collected by the organization for the purpose of influencing the ballot questions.

1-8-2016 al and

Date: President Signature: -8-2016 Treasurer Signature; Date: isa

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.



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RECEIVED MAY 2 6 2016 S.D. SEC. OF STATE

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Name of person authorizing the contribution:

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Date: 2016 tatal	President Signature:	
Date: 1-8-2016	Treasurer Signature: Ling Julong	

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SECTION 3 - required if you did not fill out Sections 1 and 2.

Full name of organization:	Filed this day or
Complete address (address, city, state, zip) of organization's principal office:	May 2016
Name of person authorizing the contribution:	Shantel Krebs
Complete address (address, city, state, zip) of person authorizing the contribution:	SECRETARY OF STATE

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

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Date:	President Signature:	
Date: 4-15-16	Treasurer Signature: Lisa Turlova	_

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.