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OCT 2 7 2016

S.D. SEC. 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 (SDCL 12-27-18.1).

Organizations must complete the following sections that apply (SDCL 12-27-19). File this statement with the Ballot Ouestion 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. Proceed to Section 2. ☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. **Proceed to Section 2**. ☐ Check here if the previous statements do not apply and proceed to **Section 3**. **SECTION 2** - fill in the following Full name of organization: State or country under whose law the organization is incorporated or organized: Complete address (address, city, state, zip) of organization's principal office; 18 3+ \$ PO BOX 5039 **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:

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.

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

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

SECRETARY OF STATE

SECTION 4 - (SDCL 12-27-19)

Trance meda

Before contributing more than ten thousand dollars in the aggregate to a bailot 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)

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.

Date: 14/27/16	President Signature: The the the
Date: 10/29/16	Treasurer Signature: But Markett

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

Last apdated 12.17,15





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File this statement with the Ballot Question consecution of the following Check here if your organization is filed as a domestic or of State. Proceed to Section 2.	S.D. SEC. OF STATE foreign entity in good standing with the South Dakota Secretary ood standing with another jurisdiction. Proceed to Section 2.	
SECTION 2 - fill in the following Full name of organization: Butter Machinery Company State or country under whose law the organization is incorporated or organized: North Dakota Complete address (address, city, state, zip) of organization's principal office: 3401 33 Street S, Farge ND 58104		
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)	



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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. Proceed to Section 2 .		
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.		
\square 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: CHS Inc.		
State or country under whose law the organization is incorporated or organized: Minnesota		
Complete address (address, city, state, zip) of organization's principal office: 5500 Cenex Drive, Inver Grove Heights, MN 55077		
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)



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File this statement with the Ballot Ouestion committee.

Fire this statement with the Danot Question con	immiliee.			
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. Proceed to Section 2. Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2. Check here if the previous statements do not apply and proceed to Section 3.				
			SECTION 2 - fill in the following	
			Full name of organization: Kolberg Proneer, Inc.	
State or country under whose law the organization is incorpo	orated or organized: Tonnessee			
Complete address (address, city, state, zip) of organization's P.O. Box 20, 700 W. 21st St., Vankton, S.				
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 ow and street address of the person authorizing the contribution	ners, directors, or officers of the organization including the name			
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)			



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File this statement with the Ballot Question committee.

SECTION 1 - choose one of	oj ine	jouowing
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X	Check here if your organization is filed as a domestic or foreign	entity in good standing with the South Dakota Secretary
of	State. Proceed to Section 2.	•

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

☐ Check here if the previous statements do not apply and proceed to Section 3.	
SECTION 2 - fill in the following Full name of organization: APPCIES ENG: State or country under whose law the organization is incorporately address (address, city, state, zip) of organization's part of this part of this part of the part of th	ated or organized: Socity Dakotta
SECTION 3 - required if you did not fill out Sec	TOTAL PROPERTY OF THE PROPERTY
Full name of organization:	
Complete address (address, city, state, zip) of organization's p	principal office:
Name of person authorizing the contribution: Complete address (address, city, state, zip) of person authorized	
You must provide the names and street addresses of any owner and street address of the person authorizing the contribution.	ers, directors, or officers of the organization including the name
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

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

Check here if the previous statements do not apply and proceed to Section 3.	
SECTION 2 - fill in the following Full name of organization: Vishay Dale Elactor	'oyı, c S
State or country under whose law the organization is incorpor	
Complete address (address, city, state, zip) of organization's	
SECTION 3 - required if you did not fill out Sec	ctions I and 2.
Full name of organization:	
Complete address (address, city, state, zip) of organization's	principal office:
Name of person authorizing the contribution: Michael Complete address (address, city, state, zip) of person authori	Vishay Dale Cleerranies
You must provide the names and street addresses of any own and street address of the person authorizing the contribution.	ters, directors, or officers of the organization including the name
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)
	Last updated 12.17.15
1950/1952/1959/1954/dr. 1989/1954/04/1954/1954/1954/1954/1954/1954/1954/195	



of State. Proceed to Section 2.

Ballot Question Contribution Statement

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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

Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.
Check here if the previous statements do not apply and proceed to Section 3.
SECTION 2 - fill in the following Full name of organization: Clarcor Foundation inc. State or country under whose law the organization is incorporated or organized: Complete address (address, city, state, zip) of organization's principal office: 840 Crescent Centre of Section From
SECTION 3 - required if you did not fill out Sections 1 and 2.
Full name of organization: Clarcor Foundation Inc.
Complete address, (address, city, state, zip) of organization's principal office: 440 Cresult Lenne Or Ste 600 Frankling TN 37067

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 person authorizing the contribution: Keena Alexander

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

and street address of the person authorizing the contribution	
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)
Keena Alexander	RUD Crescent Centre Dr Sté 600 Franklin, IN 37067
Paul Maple	· ·
Christopher Conway	·
Nurd Fallon	
LeAnn Rice	Last updated 12.17.15
Jason Roberson	





A ballot question committee may only accept committee, or political party. A violation of this	contributions from a person, organization, political section is a Class 1 misdemeanor (SDCL 12-27-18,1).
Organizations must complete the following	sections that apply (SDCL 12-27-19).
File this statement with the Ballot Question co	mmittee.
SECTION 1 - choose one of the following	
Check here if your organization is filed as a domestic or of State. Proceed to Section 2.	foreign entity in good standing with the South Dakota Secretary
Check here if your organization is filed as an entity in go	nod standing with another jurisdiction. Proceed to Section 2.
Check here if the previous statements do not apply and p	proceed to Section 3.
SECTION - fill in the following	
Full name of organization:	
State or country under whose law the organization is incorp	
Complete address (address, city, state, zip) of organization'	s principal office:
Full name of organization: Yan Kten Mank Complete address (address, city, stats, zip) of organization 100 W. 212+ St. Van Kten Name of person authorizing the contribution: Complete address (address, city, state, zip) of person author Complete address (address, city, state, zip) of person author PO Bet 160, Yan Kton, SD You must provide the names and street addresses of any ow and street address of the person authorizing the contribution Name of Organization's Owners, Directors or Officers	facturer's Association sprincipal office: 50 57078-0160 Cope - Jeff May orizing the contribution: 57078-0160 where, directors, or officers of the organization including the name
WELLEN AMMORROE EMPA-ANTE PART FOR A TENER	

Last updated 12.17.15



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SECTION 1 - choose one of the following	
Check here if your organization is filed as a domestic or of State. Proceed to Section 2 .	foreign entity in good standing with the South Dakota Secretary
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2 .	
☐ 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: Malog Electri	
State or country under whose law the organization is incorp	orated or organized:
Complete address (address, city, state, zip) of organization's	s principal office: 57/04
SECTION 3 - required if you did not fill out Se	ections 1 and 2.
Full name of organization:	
Complete address (address, city, state, zip) of organization's	s principal office:
Name of person authorizing the contribution:	-
Complete address (address, city, state, zip) of person author	rizing the contribution:
You must provide the names and street addresses of any ow and street address of the person authorizing the contribution	ners, directors, or officers of the organization including the name
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)



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☐ Check here if your organization is filed as an entity in go	ood standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and p	proceed to Section 3.
SECTION 2 - fill in the following Full name of organization: State or country under whose law the organization is incorp Complete address (address, city, state, zip) of organization' 300 S- Ohillips Au.	orated or organized: 16WA s principal office: Box 5829 SF, 5D 5711
SECTION 3 - required if you did not fill out S	ections 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 author	orizing the contribution:
You must provide the names and street addresses of any ow and street address of the person authorizing the contribution	wners, directors, or officers of the organization including the name
Name of Organization's Owners, Directors or	Complete Address (address, city, state, zip)
Officers	



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1500 N. SWEETMAN PL, Stone Faces, SD, 57107 **SECTION3** - 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. Complete Address (address, city, state, zip) Name of Organization's Owners, Directors or **Officers**



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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. Proceed to Section 2. ☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2. 		
SECTION 2 - fill in the following		
Full name of organization: ARC Fabricators, LLC		
State or country under whose law the organization is incorporated or organized:		
Complete address (address, city, state, zip) of organization's principal office: 3500 W Teem DR, Sioux Falls, SD 57107		
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)



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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. Proceed to Section 2 .
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and proceed to Section 3.
SECTION 2 - fill in the following
Full name of organization: First Bank & Trust
State or country under whose law the organization is incorporated or organized: 5 D
Complete address (address, city, state, zip) of organization's principal office: 570 (th St., Breakings SD 57006
SECTION 3 - required if you did not fill out Sections 1 and 2.
Full name of organization:
Complete address (address, City, State, 21p) of organization 5 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)



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Organizations must complete the following	
File this statement with the Ballot Question co	mmittee.
SECTION 1 - choose one of the following	
Check here if your organization is filed as a domestic or of State. Proceed to Section 2 .	foreign entity in good standing with the South Dakota Secretary
☐ Check here if your organization is filed as an entity in go	ood standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and p	proceed to Section 3.
SECTION 2 - fill in the following	
Full name of organization: Davisco Hayrof)uV
State or country under whose law the organization is incorp	porated or organized: MW
Complete address (address, city, state, zip) of organization' 704 V. Mary St., Le Seuv	s principal office:
SECTION 3 - required if you did not fill out S	
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 author	orizing the contribution:
You must provide the names and street addresses of any ow 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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SECTION 2 - fill in the following Full name of organization: Macontinent Communications State or country under whose law the organization is incorporated or organized: South Dakota, USA Complete address (address, city, state, zip) of organization's principal office:
SECTION 3 - required if you did not fill out Sections 1 and 2.
Full name of organization: MidContillat Communications Complete address (address, city, state, zip) of organization's principal office: 3901 N. Louise Ave., Sioux Fells, 50 57107
Name of person authorizing the contribution: Dan Nelson
Complete address (address, city, state, zip) of person authorizing the contribution: 3901 N. Louise Ave., Stoux Falls, SD 57107

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)

OCT 2 6 2016

SECTION 4 - (SDCL 12-27-19)

S.D. SEC. OF STATE

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)
Pat McAdaragh Steve Grosser	3600 Minnesota Dr. #700, Minneapolis, MM.
Steve Grosser	3600 Minnesota Dr. #700, Minneapolis, MM. 3600 Minnesota Dr. #700, Minneapolis, M
,	

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.

Date: 6/28/16 President Signature: Value Marafe

Date: 6/28/16 Treasurer Signature:

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



OCT 2 6 2016 S.D. SEC. 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 (SDCL 12-27-18.1).

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SECTION 1 - choose one of the following

Transferrance Annual Control of the
☐ Check here if your organization is filed as a domestic or foreign entity in good standing with the South Dakota Secretary of State. Proceed to Section 2 .
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.
☐ 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:
State or country under whose law the organization is incorporated or organized:
Complete address (address, city, state, zip) of organization's principal office:
SECTION 3 – required if you did not fill out Sections 1 and 2.
SECTION 3 - required if you did not fill out Sections 1 and 2. Full name of organization: ABC of SD Associate Divisor
Full name of organization: ABC of SD ASSOCIATE DIVISOR Complete address (address, city, state, zip) of organization's principal office:
Full name of organization: ABC of SD ASSOCIATE DIVISOR Complete address (address, city, state, zip) of organization's principal office: 300 E Capitol Ave #1 Pierre SD 57501

and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or
Officers

Complete Address (address, city, state, zip)

Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)
Craig Lauritzen - President	431 n Phillips Aux St. 400 SF, SD 57704
Rick Langueth - Vice President	2046 Sames Rd Ste 2 Rapid City SD 57702
Casey Dolny - Sec. Treasurer	3030 n. Plaza Dr. Rapid City SD 57769
Toby Crow- Ex Via President	300 E Capitul Au 1 Pierre SD 57501



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2443 475th Ave - Dell Rapids SD 57022 **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. Complete Address (address, city, state, zip) Name of Organization's Owners, Directors or **Officers**



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File this statement with the Ballot Question com	mittee.
SECTION 1 - choose one of the following	
Check here if your organization is filed as a domestic or for of State. Proceed to Section 2.	reign entity in good standing with the South Dakota Secretary
☐ Check here if your organization is filed as an entity in good	standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and produced the previous statements do not apply and previous statements do not apply apply and previous statements do not apply app	ceed to Section 3.
SECTION 2 - fill in the following Full name of organization: Now Wester	
State or country under whose law the organization is incorpora	
Complete address (address, city, state, zip) of organization, sp	rincipal office:
SECTION 3 - required if you did not fill out Sec	tions 1 and 2.
Full name of organization:	
Complete address (address, city, state, zip) of organization's p	rincipal office:
Name of person authorizing the contribution:	
Complete address (address, city, state, zip) of person authoriz	ing the contribution:
You must provide the names and street addresses of any owne and street address of the person authorizing the contribution.	ers, directors, or officers of the organization including the name
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)



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SECTION 1 -	choose	one o	f the	following
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File this statement with the Ballot Question con	nmittee.
SECTION 1 - choose one of the following	
Check here if your organization is filed as a domestic or f of State. <u>Proceed to Section 2</u> .	oreign entity in good standing with the South Dakota Secretary
☐ Check here if your organization is filed as an entity in good	od standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and pr	oceed to Section 3.
SECTION 2 - fill in the following Full name of organization: South Dakata +	R. Y.Co. Asso
Full name of organization: State or country under whose law the organization is incorporated in the organization is incorporated in the organization is incorporated in the organization in the organi	prated or organized: 8D
Complete address (address, city, state, zip) of organization's	principal office:
S Euclid Ave. Pierre	SD 57501-2761
SECTION 3 - required if you did not fill out Se	ections 1 and 2.
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 author	rizing the contribution:
You must provide the names and street addresses of any own and street address of the person authorizing the contribution	
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

SECTION 4 - (SDCL 12-27-19)

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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:

- 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)
NIA	
70 // \$	

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.

The state of the s	1/1////////////////////////////////////	President Signature:	Date: 10/20/16
Date: 10 2 × 1/2 Treasurer Signature: 1 1/1 1/2 Lisa De Ros			
Date. 10123(1)	to for Lisa De Rose	Treasurer Signature:	Date: 10[25[16

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



Officers

Ballot Question Contribution Statement

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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. Proceed to Section 2. ☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2. ☐ Check here if the previous statements do not apply and proceed to Section 3. SECTION 2 - fill in the following Full name of organization: Forward Sioux Falls State or country under whose law the organization is incorporated or organized: 50 /usa Complete address (address, city, state, zip) of organization's principal office: 200 N Phillips Ave. Suite 200 POBOX 1425 Sion + Falls 50 57101 **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. Complete Address (address, city, state, zip) Name of Organization's Owners, Directors or

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- (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)
Non profit - no one	
party has ownership	
Non profit - no one party has ownership interest of 10%.	
,	

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.

Date:	8/9/2016	President Signature:	Emtelte
Date:	8/9/901/2	Treasurer Signature:	Carel of Koponha
Date.	01112	Troubling DiButton	

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



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Organizations must complete the following	sections that apply (SDCL 12-27-19).
File this statement with the Ballot Question co	ommittee.
SECTION 1 - choose one of the following	
M Check here if your organization is filed as a domestic or of State. Proceed to Section 2 .	r foreign entity in good standing with the South Dakota Secretary
\square Check here if your organization is filed as an entity in go	ood standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and p	proceed to Section 3.
SECTION 2 - fill in the following Full name of organization: Aveva Health	
State or country under whose law the organization is incorp	porated or organized: South Parketa
Complete address (address, city, state, zip) of organization	's principal office: Falls, SD 57/08-572/
SECTION 3 - required if you did not fill out S	
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 author	orizing the contribution:
You must provide the names and street addresses of any ow and street address of the person authorizing the contribution	wners, directors, or officers of the organization including the name n.
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)



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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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SE	CTI	0	N	1	-	choose	one	of the	following
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M Check here if your organization is filed as a domestic or foreign entity in good standing with the South Dakota Secretary of State. Proceed to Section 2.		
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2. ☐ Check here if the previous statements do not apply and proceed to Section 3.		
Full name of organization: Mills Constru	ction, Inc.	
State or country under whose law the organization is incorporated or organized: Complete address (address, city, state, zip) of organization's principal office: 13 11 Main Ave S., Brookings S. 5 2006		
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)	



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The statement with the Bunot Question C	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> .		
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.		
☐ 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: Glenn C. Barbert Associates, Inc.		
State or country under whose law the organization is incorporated or organized: South Dahota		
Complete address (address, city, state, zip) of organization's principal office: P.O. Box 3058, 2801 Plant Street Ropid City, S.D. 57709		
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)	
Krists Barber - President	6965 Dark Canyon Road Rapid City S.F. Same as above	
Bill Barber - Vice President	Same as above	



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Check here if your organization is filed as a domestic or foreign entity in good standing with the South Dakota Secretary of State. Proceed to Section 2. Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2. Check here if the previous statements do not apply and proceed to Section 3. SECTION 2 - fill in the following Full name of organization: FA Englucular Two States or country under whose law the organization is incorporated or organized: Complete address (address, city, state, zip) of organization's principal office: [2 9 8			
State or country under whose law the organization is incorporated or organized: MN	Check here if your organization is filed as a domestic or for State. Proceed to Section 2. Check here if your organization is filed as an entity in good	od standing with another jurisdiction. Proceed to Section 2.	
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 Complete Address (address, city, state, zip)	Full name of organization: RFA Engluccular Dvc. State or country under whose law the organization is incorporated or organized: MN Complete address (address, city, state, zip) of organization's principal office:		
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 Complete Address (address, city, state, zip)	Full name of organization:Complete address (address, city, state, zip) of organization's		
Name of Organization's Owners, Directors or Complete Address (address, city, state, zip)			
	nd street address of the person authorizing the contribution.		
		Complete Address (address, city, state, zip)	



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			SECTION 2 - fill in the following		
			Full name of organization: Reliabant		
			State or country under whose law the organization is incorporated or organized:		
			Complete address (address, city, state, zip) of organization's principal office: 211 Majn Str. D, Estellive, SD		
Full name of organization: Complete address (address, city, state, zip) of organization' Name of person authorizing the contribution:	s principal office:				
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)				



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

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