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OCT 2 8 2016
S.D. SEC. OF STATE

Organizations must complete the follow	wing sections that apply (SDCL 12-27-19).
File this statement with the Nefect 22	Ballot Question committee.
SECTION 1 - choose one of the following	
Check here if your organization is filed as a domestic or for state. Name of Organization:  Check here if your organization is filed as an entity in good	Property of standing with the South Dakota Secretary
☐ Check here if your organization is filed as an entity in good ☐ Check here if the previous statements do not apply and pr	roceed to Section 3.
Full name of organization:  State or country under whose law the organization is incorporate address (address, city, state, zip) of organization's Lawrence Complete address (address, city, state, zip) of organization's Lawrence Complete address (address, city, state, zip) of organization's Lawrence Complete address (address, city, state, zip) of organization's Lawrence Complete address (address, city, state, zip) of organization's Lawrence Complete address (address, city, state, zip) of organization's Lawrence Complete address (address, city, state, zip) of organization's Lawrence Complete address (address, city, state, zip) of organization's Lawrence Complete address (address, city, state, zip) of organization's Lawrence Complete address (address) address (	s principal office:
<b>SECTION 3</b> - required if you did not fill out So Full name of organization:  Complete address (address, city, state, zip) of organization's	Eiled this 2000
Name of person authorizing the contribution: Complete address (address, city, state, zip) of person authorizing	Chance Kichi
You must provide the names and street addresses of any ow and street address of the person authorizing the contribution	vners, 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 5.09.16

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 below 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)
Freedom Portner	2300 Wilson Blod, Ste-500, Aslington, VA 22201

\*\* This statement required only for those organizations that are required to fill out section 4. \*\*

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: 7/8/2016 President Signature: (required	Docustigned by:
Date: 778/2016  Date:	DocuSigned by:



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File this statement with the Ballot Question		
committee.		
<b>SECTION 1</b> - choose one of the following		
Check here if your organization is filed as a domestic of Secretary of State. Name of Organization  South Dako	or foreign entity in good standing with the South Dakota  ota Farm Bureau Federation	
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. <b>Proceed to Section 2</b> .		
☐ Check here if the previous statements do not apply and		
SECTION 2	F-1	
Full name of organization: South Dakota Farm Bur		
State or country under whose law the organization is inco-		
Complete address (address, city, state, zip) of organization 2225 Dakota Ave S, PO Box 1426, Huron, SI	n's principal office: D 57350	
SECTION 3 - required if you did not fill out	Sections 1 and 2.	
SECTION 3 required if you did not fill out Full name of organization: Complete address (address, city, state, zip) of organizatio		
Full name of organization:	n's principal office:	
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person authorizing the contribution:	n's principal office:	
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person authorizing the contribution:	horizing the contribution:  owners, directors, or officers of the organization including the tribution.	
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person authorizing the contribution:	n's principal office:  horizing the contribution:  owners, directors, or officers of the organization including the	
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person authorizing the names and street addresses of any on the person authorizing the contribution:  You must provide the names and street addresses of any on the person authorizing the contribution:  Name of Organization's Owners, Directors or	horizing the contribution:  owners, directors, or officers of the organization including the tribution.	
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person authorizing the names and street addresses of any on the person authorizing the contribution:  You must provide the names and street addresses of any on the person authorizing the contribution:  Name of Organization's Owners, Directors or	horizing the contribution:  owners, directors, or officers of the organization including the tribution.	
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person authorizing the names and street addresses of any on the person authorizing the contribution:  You must provide the names and street addresses of any on the person authorizing the contribution:  Name of Organization's Owners, Directors or	horizing the contribution:  owners, directors, or officers of the organization including the tribution.	

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 below 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:	President Signature: (required)
Date:	Treasurer Signature: (required)

<sup>\*\*</sup> This statement required only for those organizations that are required to fill out section 4. \*\*



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Organizations must complete the follo	wing sections that apply (SDCL 12-27-19).
File this statement with the Defen 22	Ballot Question committee.
<b>SECTION 1</b> - choose one of the following	
	foreign entity in good standing with the South Dakota Secretary
☐ Check here if your organization is filed as an entity in go	od standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and p	
SECTION 2 Full name of organization: Amu: (am) & (	Prosper. 7
State or country under whose law the organization is incorp	orated or organized: Virginia
Complete address (address, city, state, zip) of organization's	s principal office:
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 autho	rizing the contribution:
You must provide the names and street addresses of any ow and street address of the person authorizing the contribution	mers, directors, or officers of the organization including the name
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

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 below 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)
Freedom Portners	2300 Willow Blod, St. 500, Arlington, VA 22201
	TO THE PARTY OF TH

<sup>\*\*</sup> This statement required only for those organizations that are required to fill out section 4. \*\*

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: 9/8/2016	President Signature: (required)_	Robert Heaton	E7A2B727BE1744D
Date: 9/8/2016	Treasurer Signature: (required)_	2328CD7A723B429	



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Organizations must complete the following	llowing sections that apply (SDCL 12-27-19).
File this statement with the Defeat 22.	Ballot Question committee.
SECTION 1 - choose one of the following	
of State. Name of Organization: South Dakoto	or foreign entity in good standing with the South Dakota Secretary  Ha Chamber Ballot Question Committee  good standing with another jurisdiction. Proceed to Section 2.  I proceed to Section 3.
SECTION 2  Full name of organization:  State or country under whose law the organization is incorp Complete address (address, city, state, zip) of organization'	rporated or organized:
SECTION 3 - required if you did not fill out S Full name of organization:  Complete address (address, city, state, zip) of organization'	
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	owners, directors, or officers of the organization including the name on.
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

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- (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)

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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



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Organizations must complete the following sections that apply (SDCL 12-27-19).		
File this statement with the Lefat 22	Ballot Question committee.	
SECTION - 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. Name of Organization:  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 pro		
Check here it the previous statements do not app.)		
SECTION 2	1.	
Full name of organization:	with the second	
State or country under whose law the organization is incorpor	ated or organized:	
Complete address (address, city, state, zip) of organization's 1	brincipal office:	
SECTION 3 - required if you did not fill out Sec	ctions 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 authori	zing the contribution:	
You must provide the names and street addresses of any own 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	Complete Address (address, city, state, zip)	
Officers		

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- (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)
Freden Portner	2300 William Blad, St. Sto, Adinton, VA 2200
** 701.	

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Date: 9/29/2016	President Signature: (required)	DocuSigned by:
Date: 9/29/2016	Treasurer Signature: (required)_	Robert Heaton 2328CD7A723B429



Organizations must complete the following sections that apply (SDCL 12-27-19).			
File this statement with the Defeat 22	Ballot Question committee.		
SPECIFICINE - choose one of the following			
of State. Name of Organization:	od standing with another jurisdiction. Proceed to Section 2.		
Full name of organization: Americans for Prosperity  State or country under whose law the organization is incorp  Complete address (address, city, state, zip) of organization'	orated or organized: DC		
1310 N. Courthouse Rd., Suite 700, Arlington, VA 22201			
Full name of organization:  Complete address (address, city, state, zip) of organization'			
Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person authorizing the contribution:	orizing 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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	ood standing with another jurisdiction. Proceed to Section 2
SECTION 2 Full name of organization:	
State or country under whose law the organization is incorp Complete address (address, city, state, zip) of organization	
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	rizing the contribution:
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Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

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

Name of Shareholder or Member	Complete Address (address, city, state, zip)	
Freedom Partners	2300 Willow Hill, Ste. 500, Arlington, UA 22261	
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Date:	President Signature: (required)_	Robert Headon
Date: 10/25/2016	Treasurer Signature: (required)	

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

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Last updated 5.09