

Ballot Question Contribution Statement

RECEIVED OCT 2 8 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 for File this statement with the South Dakotans for | Illowing sections that apply (SDCL 12-27-19). | |
|---|--|--|
| SECTION 1 - choose one of the following | Ballot Question committee. | |
| ☐ Check here if your organization is filed as a domestic of State. Name of Organization: | 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. | | |
| Full name of organization: The National Right to Work Con State or country under whose law the organization is incon Complete address (address, city, state, zip) of organization 8001 Braddock Road, Suite 500, Springfield, VA 22160 | rporated or organized: Virginia | |
| SECTION 3 - required if you did not fill out a Full name of organization: Complete address (address, city, state, zip) of organization Name of person authorizing the contribution: | n's principal office: Filed this day of | |
| Complete address (address, city, state, zip) of person authorizing the contribution: SECRETARY OF STATE | | |
| You must provide the names and street addresses of any over and street address of the person authorizing the contribution | wners directors or officers of the organization in 1 12 11 | |
| Name of Organization's Owners, Directors or Officers | Complete Address (address, city, state, zip) | |
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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 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) |
|-------------------------------|--|
| None | |
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** 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: 725/16 President Signature: (required) Wart A. Wij

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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| | llowing sections that apply (SDCL 12-27-19). | |
| File this statement with the South Dakotans for | Ballot Question committee. | |
| SECTION 1 - choose one of the following | | |
| ☐ Check here if your organization is filed as a domestic of | or foreign entity in good standing with the South Dakota Secretary | |
| of State. Name of Organization: ANZA, Incorporate | | |
| ☐ 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 | | |
| Full name of organization: | | |
| State or country under whose law the organization is incompared to the organization of | rporated or organized. | |
| Complete address (address, city, state, zip) of organization | | |
| | 1 | |
| SECTION 3 - required if you did not fill out | Sections 1 and 2 | |
| Full name of organization: | Filed this 794 | |
| Complete address (address, city, state, zip) of organization | | |
| Name of person authorizing the contribution: | Shantel Krope | |
| Complete address (address, city, state, zip) of person authorizing the contribution: SECRETARY OF STATE | | |
| 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 Officers | Complete Address (address, city, state, zip) | |
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