

	llowing sections that apply (SDCL 12-27-19).
File this statement with the S DC committee.	Ballot Question
SECTION 1 - choose one of the following	
	a good standing with another jurisdiction. Proceed to Section 2. Chap
SECTION 2	ing ang mang mang mang mang mang mang man
Full name of organization: Associated General State or country under whose law the organization is inc	orporated or organized: Sath Dikely
Complete address (address, city, state, zip) of organization	
SECTION 3 - required if you did not fill out	t Sections 1 and 2
Full name of organization:	i becuons I wix 2.
Complete address (address, city, state, zip) of organization	on's principal office:
Name of person authorizing the contribution:	
Complete address (address, city, state, zip) of person aut	
You must provide the names and street addresses of any chame and street address of the person authorizing the con	owners, directors, or officers of the organization including the atribution.
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)
	Filed thisday of
	Leteber 2016
	Shentel Krebs
	26 SECRETARY 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 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)

** 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:	President Signature: (required)
Date:	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.

Filed this day of Starte SECRETARY OF STATE



Organizations must complete the following sections that apply (SDCL 12-27-19).		
File this statement with the SDC-BAC 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. 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 proceed to Section 3.		
SECTION 2	, and the second	
Full name of organization:		
State or country under whose law the organization is inco	rporated or organized:	
Complete address (address, city, state, zip) of organization's principal office:		
SECTION 3 - required if you did not fill out 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 aut	horizing 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)	

<u>SECTION 4</u> - (SDCL 12-27-19)	Ma
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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 <u>SDC - BAC</u> 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. Name of Organization South Dakota Flectric Willy Companies 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	and a second and and and and and and a second from Polymer for medical medical medical for any and a few for the first polymer for the first for the few for the f	
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	t 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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- (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)
South Dakota Electric Utility Compan	

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Date: 10/20/16	President Signature: (required)	11/-
Date: 10/20/16	Treasurer Signature: (required)	WK





Organizations must complete the following sections that apply (SDCL 12-27-19). File this statement with theSDCBAC		
SECTION 2	a proceed to section 5.	
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.	
Full name 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 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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Name of Shareholder or Member	Complete Address (address, city, state, zip)

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

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





Organizations must complete the following sections that apply (SDCL 12-27-19).		
File this statement with the SOC-BAC 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. Name of Organization TRAIL KING TWO TO USTRIES		
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. <u>Proceed to Section 2</u> . ☐ Check here if the previous statements do not apply and proceed to <u>Section 3</u> .		
SECTION 2		
Full name of organization:		
State or country under whose law the organization is inco	orporated 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.	
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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- (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 500	- BAC 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. Name of Organization Avera Health		
☐ 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		
	og a transfer a service of the servi	
SECTION 2		
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.	
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 Complete Address (address, city, state, zip) Officers		

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:

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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)
	(address, chy, state, zip)

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





File this statement with the committee. SECTION 1 - choose one of the following Check here if your organization is filed as a domestic Secretary of State. Name of Organization	or foreign entity in good standing with the South Dakota ord Health good standing with another jurisdiction. Proceed to Section 2.	
CT CITY DAT A		
SECTION 2		
Full name of organization:	proported or averagined.	
State or country under whose law the organization is incorporated or organized: Complete address (address, city, state, zip) of organization's principal office:		
	o principal office.	
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 Complete Address (address, city, state, zip) Officers		
1		

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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)
LIM	

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



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S.D. SEC. OF STATE

Organizations must complete the following sections that apply (SDCL 12-27-19).		
File this statement with the SIC-BAC 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. Name of Organization Classoft Lakes Rubber T Plastics LLC 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: Glacial Lake	es Rubber & Plastics LLC	
State or country under whose law the organization is inco	orporated or organized: South Dokota	
Complete address (address, city, state, zip) of organization's principal office: 3531 144 AVC NE Watertown 50 57201		
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.	
SECTION 3 - required if you did not fill out Full name of organization:		
Full name of organization:	on's principal office:	
Full name of organization: Complete address (address, city, state, zip) of organization	on'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 aut	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 aut You must provide the names and street addresses of any	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 autorizing the contribution and street addresses of any oname and street address of the person authorizing the contribution. Name of Organization's Owners, Directors or	horizing the contribution: owners, directors, or officers of the organization including the atribution.	
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 autorizing the contribution and street addresses of any oname and street address of the person authorizing the contribution. Name of Organization's Owners, Directors or	horizing the contribution: owners, directors, or officers of the organization including the atribution.	
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 autorizing the contribution and street addresses of any oname and street address of the person authorizing the contribution. Name of Organization's Owners, Directors or	horizing the contribution: owners, directors, or officers of the organization including the atribution.	

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Name of Sharcholder 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 File this statement with the	lowing sections that apply (SDCL 12-27-19). OC-BAC Ballot Question
	good standing with another jurisdiction. Proceed to Section 2.
SECTION 2 Full name of organization: First PREMIER I State or country under whose law the organization is inco Complete address (address, city, state, zip) of organization Led 1 S. Minnesoka Arc., State Face	orporated or organized: Si>
SECTION 3 - required if you did not fill out 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 aut	thorizing the contribution:
You must provide the names and street addresses of any on name and street address of the person authorizing the con	owners, directors, or officers of the organization including the atribution.
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

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



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S.D. SEC. OF STATE

Organizations must complete the foll	owing sections that apply (SDCL 12-27-19).
File this statement with the SD Chocommittee.	amber Ballot Question
SECTION 1 - choose one of the following	
Theck here if your organization is filed as a domestic	
Secretary of State. Name of Organization	ronics, Inc.
	good standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and	d proceed to Section 3.
SECTION 2	
Full name of organization: Daktronic	s, Inc.
State or country under whose law the organization is inco	orporated or organized: South Dakota
Complete address (address, city, state, zip) of organization	Brookings, JD 51022
SECTION 3 - required if you did not fill out	
SECTION 3 - required if you did not fill out Full name of organization:	Sections 1 and 2.
	Sections 1 and 2.
Full name of organization:	Sections 1 and 2.
Full name of organization: Complete address (address, city, state, zip) 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 aut	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 aut You must provide the names and street addresses of any of	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 oname and street address of the person authorizing the contribution.	sections 1 and 2. on's principal office: horizing the contribution: owners, directors, or officers of the organization including the stribution.
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 oname and street address of the person authorizing the contribution.	sections 1 and 2. on's principal office: horizing the contribution: owners, directors, or officers of the organization including the stribution.
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 oname and street address of the person authorizing the contribution.	sections 1 and 2. on's principal office: horizing the contribution: owners, directors, or officers of the organization including the stribution.

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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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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 Brust Acron Committee Ballot Question Support FOR NO ON 23 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. Name of Organization VALEY QUEN CHOSE FACTORY, IN C. ☐ 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 incorporated or organized: Complete address (address, city, state, zip) of organization's principal office: 200 EAST RAILWAY ANK **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 Complete Address (address, city, state, zip) **Officers**

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Name of Shareholder or Member	Complete Address (address, city, state, zip)

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





Organizations must complete the fol	lowing sections that apply (SDCL 12-27-19).
File this statement with the South Das	Koto (MMDC) Ballot Question
committee.	
SECTION 1 - choose one of the following	
Secretary of State. Name of Organization KO/DU	
	good standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply an	d proceed to <u>Section 3</u> .
SECTION 2	
Full name of organization:	
	orporated 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.
Full name of organization:	·
Complete address (address, city, state, zip) of organization	n's principal office:
Name of person authorizing the contribution:	
Complete address (address, city, state, zip) of person aut	
	horizing the contribution: owners, directors, or officers of the organization including the
You must provide the names and street addresses of any	horizing the contribution: owners, directors, or officers of the organization including the
You must provide the names and street addresses of any on name and street address of the person authorizing the com- Name of Organization's Owners, Directors or	horizing the contribution: owners, directors, or officers of the organization including the tribution.
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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)
and the state of t	

** 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:	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 SDC-BA committee. SECTION 1 - choose one of the following	C Ballot Question
A Check here if your organization is filed as a domestic or foreig Secretary of State. Name of Organization POET, LLC. Check here if your organization is filed as an entity in good state. Check here if the previous statements do not apply and proceed.	nding with another jurisdiction. <u>Proceed to Section 2</u> .
SECTION 2 Full name of organization: State or country under whose law the organization is incorporated Complete address (address, city, state, zip) of organization's prince	
SECTION 3 - required if you did not fill out Section Full name of organization: Complete address (address, city, state, zip) of organization's prince	ns 1 and 2.
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, on name and street address of the person authorizing the contribution	lirectors, or officers of the organization including the
name and street address of the person authorizing the contribution	lirectors, or officers of the organization including the
name and street address of the person authorizing the contribution Name of Organization's Owners, Directors or	lirectors, or officers of the organization including the
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Name of Shareholder or Member	Complete Address (address, city, state, zip)

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

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