



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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File this statement with theSD	owing sections that apply (SDCL 12-27-19).
committee.  SECTION 1 - choose one of the following	
Secretary of State. Name of Organization Lasson	or foreign entity in good standing with the South Dakota  Manufacturing Company of South Dakota, I  good standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and	
SECTION 2	o tambén na leura at la parte menteura es en la particula de material de la particula de la compansión de la c
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	
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 auth	
You must provide the names and street addresses of any oname and street address of the person authorizing the con	
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)
	Filed this 20th day of
	26 ADVOM 2017

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Shantel Krebs 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: 10/24/16	President Signature: (required)
Date: 10/24/	Treasurer Signature: (required)

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### **Ballot Question Contribution Statement**

The state of the s	
Organizations must complete the following	owing sections that apply (SDCL 12-27-19).
File this statement with the SDC committee.	Ballot Question
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	
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	
SECTION 2	
Full name of organization: GCC Daco take	Cement, Inc.
State or country under whose law the organization is inco	proported or organized. United States
State or country under whose law the organization is med	m's principal office:
Complete address (address, city, state, zip) of organization	n's principal office: ge St. Rapid City, SD 57709 - Stephen
	ACCORDANGE SECTION OF THE PROPERTY OF THE PROP
SECTION 3 - required if you did not fill out	pections I 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	
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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



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SECTION 2  Full name of organization:  State or country under whose law the organization is incomplete address (address, city, state, zip) of organization	rporated or organized:
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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 Ballot Action 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 Rush Company Toc.  Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.	
SECTION 2  Full name of organization:  State or country under whose law the organization is incomplete address (address, city, state, zip) of organization is incomplete address.  [314] Walnut Street   Security   Security	porated or organized: South Dakota
SECTION 3 - required if you did not fill out.  Full name of organization:  Complete address (address, city, state, zip) of organization.	
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Date: 11/1/2016	President Signature: (required)
m. il/-12.11	Treasurer Signature: (required) Some Meier



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File this statement with the SD Chamber committee.  SECTION 1 - choose one of the following  Check here if your organization is filed as a domestic or Secretary of State. Name of Organization	foreign entity in good standing with the South Dakota  Falls Area Chamber of om Merce  ood standing with another jurisdiction. Proceed to Section 2.
SECTION 2  Full name of organization:  State or country under whose law the organization is incorporate address (address, city, state, zip) of organization  SECTION 3 - required if you did not fill out to	porated or organized:
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SECTION 2 Full name of organization: State or country under whose law the organization is incor Complete address (address, city, state, zip) of organization	porated or organized:
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