



Statement of Organization

[SDCL 12-27-6](#)

The Treasurer for a political action committee shall file a statement of organization not later than 15 days after the date upon which the committee made contributions, received contributions, or paid expenses in excess of \$500.00. However, if such activity falls within 30 days of any statewide election, the statement of organization shall be filed within 48 hours. A candidate shall file a statement of organization for a candidate campaign committee not later than 15 days after becoming a candidate ([SDCL 12-27-3](#)).

If you are intending to file with your local jurisdiction (county, school or municipality: candidate, ballot question committees and PACs) contact your local election official for the required form.

If you are submitting this Statement to the Secretary of State's office choose a **Committee Type** below.

Committee Type (you must select one):

| | | |
|--|--|---|
| <input type="checkbox"/> Auxiliary Political Parties | <input type="checkbox"/> Statewide Political Parties | <input type="checkbox"/> Statewide Political Action Committee (PAC) |
| <input type="checkbox"/> County Political Parties | <input checked="" type="checkbox"/> Statewide Ballot Question Committees | <input type="checkbox"/> Statewide Candidate Committees |
| <input type="checkbox"/> Legislative Committees | | |

Committee Information

(ALL fields required unless indicated otherwise, please print):

only **ONE candidate campaign committee** may be organized for each candidate ([SDCL 12-27-1 \(3\)](#))

Full Name of Committee Healthy Communities Ballot Question Committee

If you are a Candidate, list your name below as it appears on your nominating petition and the office you are seeking.

Candidate Name N/A

Office Sought N/A

Street Address 3708 W Brooks Place, Sioux Falls, SD 57106

Postal Address Same as Street Address

Committee website address (optional) _____

Chair (Candidate can serve as Chair of their Committee)

Name Kent Olson

Daytime Telephone Number (605) 859-2511 Evening Telephone Number (605) 859-2511

Street Address 503 W Pine, Philip, SD 57567

Postal Address PO Box 790, Philip, SD 57567

Email Address kolson1@regionalhealth.com

Check this box if **Chair is also serving as Treasurer**. If the same, you are not required to fill out Treasurer fields below.

* the Treasurer is responsible for all campaign finance reports and forms; letters and notices, sent by the Secretary of State's office, will go to the Treasurer only.

Treasurer*

Name Scott Duke

Daytime Telephone Number (605) 361-2281 Evening Telephone Number (406) 989-0580

Street Address 3708 W Brooks Place, Sioux Falls, SD 57106

Postal Address Same as Street Address

Email Address Scott.duke@sdaho.org

Political Action or Ballot Question Committees: you must list the full name, street address and postal address of the organization with which the committee is connected or affiliated, **OR** if the committee is not connected or affiliated with any one organization, state the trade, profession, or primary interest of the committee.

Name of Affiliated Organization N/A

Statement of Purpose or Goals N/A

Street Address N/A

Postal Address N/A

Trade, Profession, or Primary Interest of Committee _____

check here if the committee (*does not apply to political party committees*) is incorporated under state or federal laws for liability purposes only ([SDCL 12-27-6 \(6\)](#))

If you are a **Ballot Question Committee**, indicate which measure the committee was involved with during the reporting period and whether the measure was supported or opposed.

Ballot Measure Number: Not Yet Assigned Support Oppose

You must list the name, street address, postal address and telephone number of each financial institution where you have an account or intend to have an account or depository for the benefit of your committee. We do not require you provide us with an Employer Identification Number (EIN), but your financial institution may require an EIN to open an account.

| Name of Financial Institution | Daytime Telephone Number | Street Address | Postal Address |
|-------------------------------|--------------------------|---|------------------------|
| Great Western Bank | (605) 334-2548 | 5000 S. Louise Avenue, Sioux Falls, SD 57108 | Same as Street Address |
| Great Western Bank | (605) 334-2548 | 5000 S. Louise Avenue , Sioux Falls, SD 57108 | Same as Street Address |
| Great Western Bank | (605) 334-2548 | 5000 S. Louise Avenue, Sioux Falls, SD 57108 | Same as Street Address |

Verification below must be SIGNED BEFORE SUBMITTING this Statement

This statement shall be signed by the candidate and treasurer for a candidate committee and by the chair and treasurer for other political committees. The treasurer of a political committee shall file and updated statement of organization not later than fifteen days after ANY change in the information contained on this statement.

I Scott Duke (Treasurer),

I Kent Olson (Chair)

certify that I have examined this report and to the best of my knowledge and believe it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer responsible for filing to an administrative penalty of ten dollars (county political parties only) or fifty dollars per day for each day that the statement remains delinquent ([SDCL 12-27-29.1](#)).

Date: May 18 2016 10:05AM

Document submitted electronically by Scott Duke
Signature of Treasurer

Date: May 18 2016 10:05AM

Document submitted electronically by Kent Olson
Signature of Chair

Date/Time Received: May 18 2016 10:05AM

Date/Time Filed: May 18 2016 10:05AM