

SUBMITTED

FEB 0 2 2018

S.D. SEC. OF STATE

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).			
File this statement with the Represent South Dakota		Ballot Question committee.	
Amount of contribution:		Date of contributions	: 4/1/2017
Full name of entity or fictitious Represent.Us	name (if any):		
Complete mailing address (PO P.O. Box 60008, Florence		, state, zip) of entity's office:	
Mailing address (PO Box or strope) P.O. Box 60008, Florence	eet address, city, state, zip , MA 01062) of person authorizing the contr	ribution:
** Below you must provide the	names and mailing addre	sses of any owners, directors, or	officers of the entity. **
Name of Entity's Owners, Directors or Officers			or street address, city, state, zip)
Kulpreet Ran	a - Chair	P.O. Box 60008,	Florence, MA 01062
John Johnson - Secretary P.O. Box 60008, Florence, MA 01062		Florence, MA 01062	
James Greer - Treasurer P.O. Box 60008, Florence, MA 01062		Florence, MA 01062	
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors P.O. Box 60008, Florence, MA 01062		Florence, MA 01062	
No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is guilty of forgery. Forgery is a Class 5 felony (SDCL 22-39-36). Additional civil penalties not to exceed \$250.00 could be assessed per SDCL 12-27-29.4.			
I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question. Filed this			
Print name of person authorizing the contribution: Joshua M. Silver			
Signature of the person authorizing the contribution:			
Date: 01/26/2018		0	SECRETARY OF STATE

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date:	February 1, 201	Entity Treasurer Printed Name:	James Greer
		Entity Treasurer Signature:	h)
Date:	1/31/2018	Entity President Printed Name:	Kulpreet Rana
		Entity President Signature:	Culput R
	day of	Filed this	
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SUBMITTED FEB 0 2 2018

S.D. SEC. OF STATE

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).				
File this statement with the Represent South Dal				
Amount of contribution: 12,717.71	Date of contribution: 4/19/2017			
Full name of entity or fictitious name (if any): Represent.Us				
Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062				
Mailing address (PO Box or street address, city, state, zip P.O. Box 60008, Florence, MA 01062) of person authorizing the contribution:			
** Below you must provide the names and mailing address	sses of any owners, directors, or officers of the entity. **			
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)			
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062			
John Johnson - Secretary P.O. Box 60008, Florence, MA 01062				
James Greer - Treasurer P.O. Box 60008, Florence, MA 01062				
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors P.O. Box 60008, Florence, MA 01062				
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.				
Print name of person authorizing the contribution: Joshua M. Silver				
Signature of the person authorizing the contribution:				
Date: 01/26/2018				

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Complete Street Address (address, city, state, zip)
296 Nonotuck St Fl 3, Florence, MA 01062
1012 Torney Ave, San Francisco, CA 94129-1755
1211 Connecticut Ave NW Ste 600, Washington, DC 20036
2130 Princeton Avenue, Los Angeles, CA 90026

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Date:February 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	ho
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	My thugh



SUBMITTED FEB 0 2 2018

S.D. SEC. OF STATE

(BDCD 12-27-10.1 and BDCD 12-27-10).			
Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).			
File this statement with the Represent South Dakota Ballot Question committee.			
Amount of contribution: 49.96	Date of contribution: 4/28/2017		
Full name of entity or fictitious name (if any): Represent.Us			
Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062			
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062			
** Below you must provide the names and mailing addre	esses of any owners, directors, or officers of the entity. **		
Name of Entity's Owners, Directors or Officers Mailing Address (PO Box or street address, city, state, zip)			
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062		
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062		
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062		
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062		
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.			
Print name of person authorizing the contribution: Joshua M. Silver			
Signature of the person authorizing the contribution:			
Date: 01/26/2018			

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Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
Every Voice	1211 Connecticut Ave NW Ste 600, Washington, DC 20036

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Dat Eebruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	ho
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Culput R



SUBMITTED

FEB 0 2 2018

S.D. OCO. OF STATE

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).			
File this statement with the Represent South Dakota Ballot Question committee.			
Amount of contribution: 4,461.47	Date of contribution: 4/30/2017		
Full name of entity or fictitious name (if any): Represent.Us			
Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062			
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062			
** Below you must provide the names and mailing addre	sses of any owners, directors, or officers of the entity. **		
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)		
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062		
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062		
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062		
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062		
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.			
Print name of person authorizing the contribution: Joshua M. Silver			
Signature of the person authorizing the contribution:			
Date: 01/26/2018			

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity declaring and affirming, under the penalty of perjury, the following:

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Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
Every Voice	1211 Connecticut Ave NW Ste 600, Washington, DC 20036

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Dat Eebruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	hd
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Culput R



Ballot Question Contribution Statement SUBMITTED

FEB 0 2 2018

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).		
File this statement with the Represent South Dakota Ballot Question		
Amount of contribution: 102.01	Date of contribution: 5/1/2017	
Full name of entity or fictitious name (if any): Represent.Us		
Complete mailing address (PO Box or street address, city, P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:	
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062		
** Below you must provide the names and mailing address	sses of any owners, directors, or officers of the entity. **	
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)	
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062	
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062	
James Greer - Treasurer	James Greer - Treasurer P.O. Box 60008, Florence, MA 01062	
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062	
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.		
Print name of person authorizing the contribution: Joshua M. Silver		
Signature of the person authorizing the contribution:		
Date:		

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Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Dat February 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	MJ
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Culput R



Ballot Question Contribution Statement^{D. SEC. OF STATE}

SUBMITTED FEB 0 2 2018

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).		
File this statement with the Represent South Da	kota Ballot Question committee.	
Amount of contribution: 782.21	Date of contribution: 5/15/2017	
Amount of contribution.		
Full name of entity or fictitious name (if any): Represent.Us		
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:	
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062		
** Below you must provide the names and mailing addre	sses of any owners, directors, or officers of the entity. **	
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)	
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062	
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062	
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062	
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062	
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.		
Print name of person authorizing the contribution: Joshua M. Silver		
Signature of the person authorizing the contribution:		
Date:		

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Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th FI, New York, NY 10019

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Date bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	h
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



Ballot Question Contribution Statement S.D. SEC. OF STATE

SUBMITTED FEB 0 2 2018

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).			
File this statement with the Represent South Dakota Ballot Question committee			
Amount of contribution: 929.27	Date of contribution: 5/31/2017		
Full name of entity or fictitious name (if any): Represent.Us			
Complete mailing address (PO Box or street address, city, P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:		
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062			
** Below you must provide the names and mailing address	sses of any owners, directors, or officers of the entity. **		
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)		
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062		
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062		
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062		
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors P.O. Box 60008, Florence, MA 01062			
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Print name of person authorizing the contribution: Joshua M. Silver			
Signature of the person authorizing the contribution:			
Date:			

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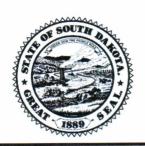
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William Von Mueffling	40 West 57th St 27th Fl, New York, NY 10019

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$_{\text{Dafe}}$ bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	h
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



SUBMITTED FEB 0 2 2018

S.D. SEC. OF STATE

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).		
File this statement with the Represent South Dakota Ballot Question con		
Amount of contribution: 354.69	Date of contribution: 6/1/2017	
Full name of entity or fictitious name (if any): Represent.Us		
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:	
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062		
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John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062	
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062	
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors P.O. Box 60008, Florence, MA 01062		
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Print name of person authorizing the contribution: Joshua M. Silver		
Signature of the person authorizing the contribution:		
Date: 01/26/2018		

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William Von Mueffling	40 West 57th St 27th FI, New York, NY 10019

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Date bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	hij
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



SUBMITTED FEB 0 2 2018

S.D. SEC OF STATE

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).			
File this statement with the Represent South Dakota Ballot Question committee.			
Amount of contribution: 15,010	Date of contribution: 6/5/2017		
Full name of entity or fictitious name (if any): Represent.Us			
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:		
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062			
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James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062		
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062		
No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is guilty of forgery. Forgery is a Class 5 felony (SDCL 22-39-36). Additional civil penalties not to exceed \$250.00 could be assessed per SDCL 12-27-29.4.			
I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.			
Print name of person authorizing the contribution: Joshua M. Silver			
Signature of the person authorizing the contribution:			
Date: 01/26/2018			

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th Fl, New York, NY 10019

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	ht
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



SUBMITTED

FEB 0 2 2018

S.D. SEC. OF STATE

Entities must complete this statement and submit it to the ballot question committee		
before EACH contribution. (SDCL 12-27-19). File this statement with the Represent South Dakota Ballot Question committee.		
File this statement with the Represent South Dal	Date of contribution: 6/15/2017	
Amount of contribution: 2,287.22	Date of contribution.	
Full name of entity or fictitious name (if any): Represent.Us		
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:	
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062		
** Below you must provide the names and mailing addre	sses of any owners, directors, or officers of the entity. **	
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)	
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062	
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062	
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062	
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062	
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.		
Print name of person authorizing the contribution: Joshua M. Silver		
Signature of the person authorizing the contribution:		
Date: 01/26/2018		

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th FI, New York, NY 10019

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	his
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



Ballot Question Contribution Statement SUBMITTED

FEB 0 2 2018

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).			
File this statement with the Represent South Dal			
Amount of contribution: 2,755.07	Date of contribution: 6/30/2017		
Full name of entity or fictitious name (if any): Represent.Us			
Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062			
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062			
** Below you must provide the names and mailing addre	sses of any owners, directors, or officers of the entity. **		
Name of Entity's Owners, Directors or Officers			
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062		
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062		
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062		
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors P.O. Box 60008, Florence, MA 01062			
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.			
Print name of person authorizing the contribution: Joshua M. Silver			
Signature of the person authorizing the contribution:			
Date: 01/26/2018			

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th FI, New York, NY 10019
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	hd
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



SUBMITTED FEB 0 2 2018

S.D. SEC. OF STATE

(SDCL 12-27-18.1 and SDCL 12-27-19).		
Entities <u>must complete</u> this statement and submit it to the ballot question committee <u>before EACH contribution</u> . (SDCL 12-27-19).		
File this statement with the Represent South Da Amount of contribution: 409.47	Date of contribution: 7/1/2017	
Full name of entity or fictitious name (if any): Represent.Us		
Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062		
Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062		
** Below you must provide the names and mailing addre	esses of any owners, directors, or officers of the entity. **	
Name of Entity's Owners, Directors or Officers		
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062	
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062	
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062	
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062	
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question.		
Print name of person authorizing the contribution: Joshua M. Silver		
Signature of the person authorizing the contribution:		
Date: 01/26/2018		

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity declaring and affirming, under the penalty of perjury, the following:

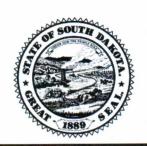
(1) The name and street address of every person who owns ten percent or more of the entity, has provided ten percent or more of the entity's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th Fl, New York, NY 10019

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	hij
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



SUBMITTED
FEB 0 2 2018

S.D. SEC. OF STATE

(SDCL 12-27-	18.1 and SDCL 12-27-19).	
Entities <u>must complete</u> this statement and submit it to the ballot question committee <u>before EACH contribution</u> . (SDCL 12-27-19).		
File this statement with the Represent South Da Amount of contribution: 50,010	Ballot Question committee. Date of contribution: 7/5/2017	
Full name of entity or fictitious name (if any): Represent.Us		
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:	
Mailing address (PO Box or street address, city, state, zip P.O. Box 60008, Florence, MA 01062	n) of person authorizing the contribution:	
** Below you must provide the names and mailing addre	esses of any owners, directors, or officers of the entity. **	
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)	
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062	
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062	
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062	
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062	
criminal penalty. Any person who, with intent to defraud	any material respect. Any violation may be subject to a civil and/or d, falsely makes, completes, or alters a written instrument of any ty of forgery. Forgery is a Class 5 felony (SDCL 22-39-36). e assessed per SDCL 12-27-29.4.	
I hereby declare and affirm under penalty of perjury that the purpose of influencing the ballot question.	no part of the contribution was raised or collected by the entity for	
Print name of person authorizing the contribution: Josh	ua M. Silver	
Signature of the person authorizing the contribution:	/ Sull	
Date: 01/26/2018		

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th FI, New York, NY 10019

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is guilty of forgery. Forgery is a Class 5 felony (SDCL 22-39-36). Additional civil penalties not to exceed \$250 could be assessed per SDCL 12-27-29.4.

I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date bruary 1, 2018	Entity Treasurer Printed Name:
	Entity Treasurer Signature:
Date:	Entity President Printed Name: Kulpreet Rana
	Entity President Signature: Lulyurt R



Ballot Question Contribution Statement SUBMITTED

FEB 0 2 2018

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).	
File this statement with the Represent South Da	
Amount of contribution: 3,346.86	Date of contribution: 7/14/2017
Full name of entity or fictitious name (if any): Represent.Us	
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:
Mailing address (PO Box or street address, city, state, zip P.O. Box 60008, Florence, MA 01062) of person authorizing the contribution:
** Below you must provide the names and mailing addre	sses of any owners, directors, or officers of the entity. **
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062
No person may execute this report knowing it is false in a criminal penalty. Any person who, with intent to defrauckind, or passes any forged instrument of any kind is guilt Additional civil penalties not to exceed \$250.00 could be	
I hereby declare and affirm under penalty of perjury that the purpose of influencing the ballot question.	no part of the contribution was raised or collected by the entity for
Print name of person authorizing the contribution: Josh	ua M. Silver
Signature of the person authorizing the contribution:	July Str
Date:	

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th Fl, New York, NY 10019

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	h
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



Ballot Question Contribution Statement SUBMITTED

Entities must complete this statement	and submit it to the ballet question committee	
Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).		
File this statement with the Represent South Da		
Amount of contribution: 622.64	Date of contribution: 7/28/2017	
Amount of contribution.		
Full name of entity or fictitious name (if any): Represent.Us		
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	y, state, zip) of entity's office:	
Mailing address (PO Box or street address, city, state, zip P.O. Box 60008, Florence, MA 01062	p) of person authorizing the contribution:	
** Below you must provide the names and mailing addre	esses of any owners, directors, or officers of the entity. **	
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)	
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062	
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062	
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062	
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062	
criminal penalty. Any person who, with intent to defrau kind, or passes any forged instrument of any kind is guil Additional civil penalties not to exceed \$250.00 could be		
I hereby declare and affirm under penalty of perjury that the purpose of influencing the ballot question.	t no part of the contribution was raised or collected by the entity for	
Print name of person authorizing the contribution: Josh	nua M. Silver	
Signature of the person authorizing the contribution:	/hulste	
Date: 01/26/2018		

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th Fl, New York, NY 10019

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date bruary 1, 2018	Entity Treasurer Printed Name:	ames Greer
	Entity Treasurer Signature:	h
Date:	Entity President Printed Name: Ku	ulpreet Rana
	Entity President Signature:	Sport R



Ballot Question SUBMITTED Contribution Statement S.D. SEC. OF STATE

	and submit it to the ballot question committee tribution. (SDCL 12-27-19).
File this statement with the Represent South Da	kota Ballot Question committee.
Amount of contribution: 298.81	Date of contribution: 7/31/2017
Full name of entity or fictitious name (if any): Represent.Us	
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	, state, zip) of entity's office:
Mailing address (PO Box or street address, city, state, zip P.O. Box 60008, Florence, MA 01062	o) of person authorizing the contribution:
** Below you must provide the names and mailing addre	esses of any owners, directors, or officers of the entity. **
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062
criminal penalty. Any person who, with intent to defraud	any material respect. Any violation may be subject to a civil and/or d, falsely makes, completes, or alters a written instrument of any ty of forgery. Forgery is a Class 5 felony (SDCL 22-39-36). a assessed per SDCL 12-27-29.4.
I hereby declare and affirm under penalty of perjury that the purpose of influencing the ballot question.	no part of the contribution was raised or collected by the entity for
Print name of person authorizing the contribution: Josh	ua M. Silver
Signature of the person authorizing the contribution:	Thister
Date: 01/26/2018	

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th FI, New York, NY 10019

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date bruary 1, 2018	Entity Treasurer Printed Name:
	Entity Treasurer Signature:
Date:	Entity President Printed Name: Kulpreet Rana
	Entity President Signature: Wilfut R



SUBMITTED

FER 0 2 2018

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).				
File this statement with the Represent South Da	kota Ballot Question committee.			
Amount of contribution: 69.38	Date of contribution: 8/1/2017			
Full name of entity or fictitious name (if any): Represent.Us				
Complete mailing address (PO Box or street address, city P.O. Box 60008, Florence, MA 01062	y, state, zip) of entity's office:			
Mailing address (PO Box or street address, city, state, zip P.O. Box 60008, Florence, MA 01062	b) of person authorizing the contribution:			
** Below you must provide the names and mailing addre	esses of any owners, directors, or officers of the entity. **			
Name of Entity's Owners, Directors or Officers	Mailing Address (PO Box or street address, city, state, zip)			
Kulpreet Rana - Chair	P.O. Box 60008, Florence, MA 01062			
John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062			
James Greer - Treasurer	P.O. Box 60008, Florence, MA 01062			
Joshua Silver, Adam McKay, John DeVaan, Ramsay Homsany, Jennifer Lawrence - Directors	P.O. Box 60008, Florence, MA 01062			
criminal penalty. Any person who, with intent to defraud	any material respect. Any violation may be subject to a civil and/or d, falsely makes, completes, or alters a written instrument of any ty of forgery. Forgery is a Class 5 felony (SDCL 22-39-36). assessed per SDCL 12-27-29.4.			
I hereby declare and affirm under penalty of perjury that the purpose of influencing the ballot question.	no part of the contribution was raised or collected by the entity for			
Print name of person authorizing the contribution: <u>Josh</u>	ua M. Silver			
Signature of the person authorizing the contribution:	Mull			
Date:				

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th Fl, New York, NY 10019

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Dafee bruary 1, 2018	Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	hij
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Culput R



SUBMITTED

FEB 0 2 2018

A ballot question committee may only accept contributions from a person, entity, or political committee. A violation of this section is a Class 2 misdemeanor and a subsequent offense within a calendar year is a Class 1 misdemeanor.

(SDCL 12-27-18.1 and SDCL 12-27-19).

Entities must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19). File this statement with the Represent South Dakota

Ballot Question committee. Amount of contribution: 78.10 **Date of contribution:** 8/3/2017 Full name of entity or fictitious name (if any): Represent.Us Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062 Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: P.O. Box 60008, Florence, MA 01062 ** Below you must provide the names and mailing addresses of any owners, directors, or officers of the entity. ** Name of Entity's Owners, Directors or Officers Mailing Address (PO Box or street address, city, state, zip) Kulpreet Rana - Chair P.O. Box 60008, Florence, MA 01062 P.O. Box 60008, Florence, MA 01062 John Johnson - Secretary P.O. Box 60008, Florence, MA 01062 James Greer - Treasurer Joshua Silver, Adam McKay, John DeVaan, P.O. Box 60008, Florence, MA 01062 Ramsay Homsany, Jennifer Lawrence - Directors No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is guilty of forgery. Forgery is a Class 5 felony (SDCL 22-39-36). Additional civil penalties not to exceed \$250.00 could be assessed per SDCL 12-27-29.4. I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot question. Print name of person authorizing the contribution: Joshua M. Silver Signature of the person authorizing the contribution: Date: 01/26/2018

Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to <u>SDCL 12-27-18</u>, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity 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 entity, has provided ten percent or more of the entity'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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Represent.Us Education Fund	296 Nonotuck St Fl 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
William Von Mueffling	40 West 57th St 27th Fl, New York, NY 10019

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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Dafe bruary 1, 2018	Entity Treasurer Printed Name:	
	Entity Treasurer Signature:	
Date:	Entity President Printed Name: Kulpreet Rana	
	Entity President Signature: Wilfurt R	