

Ballot Question SUBMITTED **Contribution Statement**

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
File this statement with the	Represent South Dakota

Ballot Question committee.

Amount of contribution:

199.81

Date of contribution: 8/11/2017

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
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

Date: 01/26/2018

** The information below <u>must be provided by the entity before contributing more than \$10,000</u> to the ballot question committee. (<u>SDCL 12-27-19</u>) **

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 FI 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755

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Date:	18 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	AZ
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Kulpent R



SUBMITTED

FEB 0 2 2018

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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:

304.06

Date of contribution: 8/25/2017

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

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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

Date: 01/26/2018

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Date:	18 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	AJ
Date: 1/31/2018	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Kulput R



S.D. SEC. OF STATE

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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 Dakota

Ballot Question committee.

Amount of contribution:

Date of contribution:

8/30/2017

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

43,010

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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Print name of person authorizing the contribution: Joshua M. Silver

Date: 01/26/2018

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Date:	D18 James Gr _ Entity Treasurer Printed Name:	eer
	Entity Treasurer Signature:	J
Date:	_ Entity President Printed Name:	Rana
	Entity President Signature:	R



SUBMITTED

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S.D. SEC. OF STATE

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File this statement with the Represent South Dakota Ballot Question committee.

Date of contribution: 8/30/2017

Full name of entity or fictitious name (if any): Represent.Us

Amount of contribution:

Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062

67.79

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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Print name of person authorizing the contribution: Joshua M. Silver

Date: 01/26/2018

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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:	8 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	AJ
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Eulpent R



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File this statement with the Represent South Dakota

6

Ballot Question committee.

Amount of contribution: 73.75

Date of contribution:

9/1/2017

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

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Print name of person authorizing the contribution: Joshua M. Silver

Date:	01/26/201	8
Dale:		

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Date: February 1, 201	8 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	ht
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Eulport R



S.D. SEC. OF STATE

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File this statement with the Represent South Dakota

Ballot Question committee.

Amount of contribution:

Date of contribution:

9/11/2017

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

86.25

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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Date: 01/26/2018

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Date:	February 1, 201	8 Entity Treasurer Printed Name:	James Greer
		Entity Treasurer Signature:	hd
Date:	1/31/2018	Entity President Printed Name:	Kulpreet Rana
		Entity President Signature:	Culpert R



SUBMITTED FFB 0 2 2018

S.D. SEC. OF STATE

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File this statement with the Represent South Dakota

Amount of contribution: 86.25

Date of contribution:

9/11/2017

Ballot Question committee.

Full name of entity or fictitious name (if any): Represent.Us

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Date: 01/26/2018

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Date:	1/31/2018	Entity President Printed Name:	Kulpreet Rana
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314.65 Amount of contribution:

Date of contribution: 9/15/2017

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

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Date: 01/26/2018

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	Entity Treasurer Signature:	AJ
Date: 1/31/2018	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Kulpunt R



Ballot Question Contribution StatementSUBMITTED

FEB 0 2 2018

A ballot question committee may only accept contributions from a person, entity, or political committee. A stolation 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 <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 Dakota

Date of contribution:

Ballot Question committee. 9/22/2017

Amount of contribution: ____

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

29.53

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
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

Date: 01/26/2018

** The information below <u>must be provided by the entity</u> **before contributing more than \$10,000** to the ballot question committee. (<u>SDCL 12-27-19</u>) **

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

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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	18 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	AJ
Date: 1/31/2018	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



SUBMITTED FEB 0 2 2018

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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.

Date of contribution: 9/28/2017

Full name of entity or fictitious name (if any): Represent.Us

Amount of contribution:

Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062

384.85

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
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

Date: 01/26/2018

** The information below <u>must be provided by the entity before contributing more than \$10,000</u> to the ballot question committee. (<u>SDCL 12-27-19</u>) **

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(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:	18 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	ht
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Kulpent R



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:

Date of contribution: 9/30/2017

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

84.46

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
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

Date: 01/26/2018

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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:	18 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	AJ
Date: 1/31/2018	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Culpert R



S.D. SEC. OF STATE

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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 Dakota

Ballot Question committee.

Amount of contribution:

Date of contribution: _____

10/1/2017

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

22.03

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
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

Date: 01/26/2018

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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:	18 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	AT
Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Eulport R



S.D. SEC. OF STATE

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before EACH contribution. (SDCL 12-27-19).	
is statement with the Represent South Dakota	Ballot Question committ

File	this	statement	with	the	Represent South Dako

Ballot Question committee.

Amount of contribution: 412.66

Date of contribution: 10/6/2017

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
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

Date: 01/26/2018

** The information below <u>must be provided by the entity before contributing more than \$10,000</u> to the ballot question committee. (<u>SDCL 12-27-19</u>) **

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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:	18 Entity Treasurer Printed Name:	James Greer
	Entity Treasurer Signature:	AJ
Date: 1/31/2018	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	Kulput R



S.D. SEC. OF STATE

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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 Dakota

_____ Ballot Question committee.

Amount of contribution:

Date of contribution:

10/8/2017

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

57.50

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
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

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 FI 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:	8 James Greer	
	Entity Treasurer Signature:	
Date:	Entity President Printed Name:	
	Entity President Signature: Kulpurt R	



S.D. SEC. OF STATE

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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:

937.40

Date of contribution:

10/20/2017

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

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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

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 FI 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016

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Date: February 1, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

Date: ______ Entity President Printed Name: Kulpreet Rana

Entity President Signature:



SUBMITTED FEB 0 2 2018

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File this statement with the Represent South Dakota

Ballot Question committee.

Amount of contribution:

Date of contribution:

10/26/2017

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

97.94

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. **

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John Johnson - Secretary	P.O. Box 60008, Florence, MA 01062
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Print name of person authorizing the contribution: Joshua M. Silver

Date: 01/26/2018

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Date: February 1, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

Date: ______ Entity President Printed Name: _____Kulpreet Rana
Entity President Signature: ______Kulpreet Rana



SUBMITTED

FEB 0 2 2018

S.D. SEC. OF STATE

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 <u>must complete</u> 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
HIE THIS STATEMENT WITH THE INCOLOGETIC SOULT DANGE

Ballot Question committee.

Amount of contribution:

Date of contribution: _____

10/28/2017

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

1,122.75

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
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 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

Date: 01/26/2018

** The information below must be provided by the entity before contributing more than \$10,000 to the ballot question committee. (SDCL 12-27-19) **

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 FI 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016

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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, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

Date: 1/31/2018 Entity President Printed Name: Kulpreet Rana

Entity President Signature:



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S.D. SEC. OF STATE

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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 contribution: 11/1/2017

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

261.36

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
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

Date: 01/26/2018

** The information below must be provided by the entity before contributing more than \$10,000 to the ballot question committee. (SDCL 12-27-19) **

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 FI 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016

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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, 2018 Entity Treasurer Printed Name:

Entity Treasurer Signature:

1/31/2018 Date:

Entity President Signature:

Entity President Printed Name: Kulpreet Rana


S.D. SEC. OF STATE

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Entities must complete this statement and submit in	t to the ballot question committee
before EACH contribution. (SD	<u>OCL 12-27-19</u>).

Represent South Dakota
2

Amount of contribution:

Ballot Question committee.

Date of contribution: 11/9/2017

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

28.75

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
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

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
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016

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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, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

Date: ______ Entity President Printed Name: Kulpreet Rana

Entity President Signature:



S.D. SEC. OF STATE

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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 Dakota

Ballot Question committee.

Amount of contribution: _____

____ Date of contribution: ____

11/17/2017

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

609.74

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
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

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 FI 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016

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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, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

1/31/2018 Date:

Entity President Printed Name: Kulpreet Rana

Entity President Signature:



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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: 238.80

Date of contribution: 11/28/2017

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 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
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

Date: 01/26/2018

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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 guestion 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 FI 3, Florence, MA 01062
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016

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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, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

Date: 1/31/2018 Entity President Printed Name: Kulpreet Rana
Entity President Signature: Lulyurt R



SUBMITTED FEB 0 2 2018

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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 stateme	ent with t	the	Represent South Dakota

Ballot Question committee.

Date of contribution: 11/28/2017

Full name of entity or fictitious name (if any): Represent.Us

Amount of contribution:

Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062

3,010

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
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

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
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016

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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, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

Date: _____ Entity President Printed Name: Kulpreet Rana

Entity President Signature:



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S.D. SEC. OF STATE

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Entities must complete	this statement and submit it to the	e ballot question committee
befo	ore EACH contribution. (SDCL 12	<u>2-27-19</u>).
File this statement with the Repres	sent South Dakota	Ballot Question committee.

Amount of contribution:

335.38

Date of contribution: 11/30/2017

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 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		
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

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 FI 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.

James Greer

Date: February 1, 2018	Bentity Treasurer Printed Name:
	Entity Treasurer Signature:
Date:	Entity President Printed Name:
	Entity President Signature: Ulyunt R



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S.D. SEC. OF STATE

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Entities must complete this statement and submit it to the ballot q	uestion committee
before EACH contribution. (SDCL 12-27-19).	

836.44

_ Ballot Question committee.

Amount of contribution:

____ Date of contribution: _____

12/1/2017

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 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		
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

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 guestion 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 FI 3, Florence, MA 01062		
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755		
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016		

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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, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

Date: ______ Entity President Printed Name: Kulpreet Rana

Entity President Signature:



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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 Dakota

Ballot Question committee.

Date of contribution: 12/7/2017

Full name of entity or fictitious name (if any): Represent.Us

Amount of contribution:

Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062

19.05

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		
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 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

Date: 01/26/2018

Last	updated	December	12,	2017
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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 FI 3, Florence, MA 01062		
TIDES Foundation	1012 Torney Ave, San Francisco, CA 94129-1755		
Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016		

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Date: February 1, 2018 Entity Treasurer Printed Name: James Greer

Entity Treasurer Signature:

Date: ______ Entity President Printed Name: Kulpreet Rana
Entity President Signature: Kulput R



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:

Date of contribution: 12/15/2017

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

1,505.72

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
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Print name of person authorizing the contribution: Joshua M. Silver

Date: 01/26/2018

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Omaze, Inc.	5735 W Adams Blvd, Los Angeles, CA 90016

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Lamaa Craar

Date: February 1, 2018	BEntity Treasurer Printed Name:	
	Entity Treasurer Signature:	ht
1/31/2018 Date:	Entity President Printed Name:	Kulpreet Rana
	Entity President Signature:	ulput R



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

File	this	statement	with	the	Represent	South

Ballot Question committee. Date of contribution:

12/29/2017

Full name of entity or fictitious name (if any): Represent.Us

Amount of contribution:

Complete mailing address (PO Box or street address, city, state, zip) of entity's office: P.O. Box 60008, Florence, MA 01062

1,743.05

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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/ Juli SU

Print name of person authorizing the contribution: Joshua M. Silver

Date: 01/26/2018

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Date: February 1, 2018 Entity Treasurer Printed Name:

Entity Treasurer Signature:

Date: 1/31/2018

Entity President Printed Name: Kulpreet Rana

Entity President Signature: Lulyurt