



Ballot Question Contribution Statement

2:16pm

SUBMITTED
OCT 24 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 must complete this statement and submit it to the ballot question committee before EACH contribution. (SDCL 12-27-19).

File this statement with the TUITION 4 TECH STUDENTS Ballot Question committee.

Amount of contribution: \$25,000 Date of contribution: JUNE 2018

Full name of entity or fictitious name (if any):

SANFORD HEALTH

Complete mailing address (PO Box or street address, city, state, zip) of entity's office:

1305 W 18th ST, SIOUX FALLS SD 57105

Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution:

900 E 34th ST RTE#5698, SIOUX FALLS SD 57104

** 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)
<u>N/A</u> See attached	

Filed this 24th day of October 2018
Shantal Krebs

SECRETARY OF STATE

No person may execute this report knowing it is false in any material respect. Any violation may be subject to 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: MIKE BELGEMAN

Signature of the person authorizing the contribution: [Signature]

Date: 6/4/18

Ballot Question Contribution Statement from Sanford Health.

Name of Entity's Owners or Directors & Officers	Mailing Address
Kelby Krabbenhoft, President & CEO	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
Micah Aberson, Executive Vice President	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
Mike Begeman, VP Public Affairs & Corp Admin	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
Bill Gassen, Chief Human Resources Officer	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
Jennifer Grennan, Chief Legal Officer	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
JoAnn Kunkel, Chief Financial Officer	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
Bill Marlette, Treasurer	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
Kim Patrick, Chief Business Development Officer	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
Nathan Peterson, Chief of Staff/Vice President, Strategic Planning	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039
David Shulkin, Chief Innovation Officer	Sanford Health, PO Box 5039, Sioux Falls SD 57117-5039

Filed this _____ day of _____

Kelby Krabbenhoft
 SECRETARY OF STATE

**** 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)
N/A	

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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: 6/4/18 Entity Treasurer Printed Name: Bill Markette

Entity Treasurer Signature: Bill Markette

Date: 6/4/18 Ent. Exec. Dir. Entity President Printed Name: Tim Rave

Ent. Exec. Dir. Entity President Signature: [Signature]

State law requires you to submit this information to the treasurer of the ballot question committee you are making the contribution to.