



# Statement of Organization

[SDCL 12-27-6](#)

The Treasurer for a political committee shall file a statement of organization not later than 15 days after the date upon which the committee made contributions, received contributions, or paid expenses in excess of \$500.00. However, if such activity falls within 30 days of any statewide election, the statement of organization shall be filed within 48 hours. A candidate shall file a statement of organization for a candidate campaign committee not later than 15 days after becoming a candidate ([SDCL 12-27-3; 12-27-23](#)). The treasurer of a political committee shall file an updated statement of organization not later than fifteen days after ANY change in the information on this statement.

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

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

**Committee Type** (you must select one):

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

## Committee Information

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

➔ only **ONE candidate campaign committee** may be organized for each candidate ([SDCL 12-27-1 \(3\)](#)) ➔  
*Exception: a candidate can have both a statewide and legislative committee.*

**Full Name of Committee** Dakotans for Health

Telephone Number (605) 274-8706

Enter your name below as it appears on your nominating petition and the office you are seeking.

Candidate Name N/A

Office Sought N/A

Mailing Address 1109 South Phillips Avenue, Sioux Falls, SD 57105

Street Address Same as Mailing Address

Committee website address (optional) \_\_\_\_\_

**Chair** (Candidate can serve as Chair of their Committee)

Name Rick Weiland

Telephone Number (605) 906-0935

Mailing Address 1109 South Phillips Avenue, Sioux Falls, SD 57105

Street Address Same as Mailing Address

Email Address rick@rickweiland.com

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

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

**Treasurer\***

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Political Action or Ballot Question Committees (required):** You **must** include a concise statement of the committee's purpose and goals. You must also list the full name, street address and mailing address of the entity with which the committee is connected or affiliated. If the committee is not connected or affiliated with any one entity, provide the trade, profession, or primary interest of the committee.

Statement of Purpose or Goals to advance access to healthcare services by expanding Medicaid coverage

Name of Affiliated Organization N/A

Mailing Address N/A

Street Address N/A

Trade, Profession, or Primary Interest of Committee Medicaid Expansion

Are you forming this committee on behalf of the sponsor of an initiated constitutional amendment or initiated measure in order to comply with [SDCL 2-1-1.1 and 1.2](#)?  Yes  No

If you are a **Ballot Question Committee**, explain the measure(s) and/or issue(s) the committee is involved with and whether the committee support(s) or oppose(s) them.

Dakotans for Health will be sponsoring and supporting the expansion of Medicaid on the 2022 ballot

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### Verification below must be SIGNED BEFORE SUBMITTING this Statement

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](#)). I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer, who is responsible for filings under [SDCL 12-27](#), to a civil penalty of \$200.00 (county political parties and auxiliary organizations, \$50.00) for each violation ([SDCL 12-27-29.1](#)). Additional penalties not to exceed \$250.00 could be assessed per [SDCL 12-27-29.4](#). I also understand that failure to timely file reports or pay penalties could result in the candidate not being certified for office ([SDCL 12-27-29.3](#)).

Rick Weiland (Treasurer),

Rick Weiland (Chair)

Date: Sep 8 2020 9:06AM

Document submitted electronically by Rick Weiland  
*Signature of Treasurer*

Date: Sep 8 2020 9:06AM

Document submitted electronically by Rick Weiland  
*Signature of Chair*

Date/Time Received: Sep 8 2020 9:06AM

Date/Time Filed: Sep 8 2020 9:06AM