(SDCL 12-2	7-18.1 and SDCL 12-27-19).	
Entities must complete this stateme	nt and submit it to the ballot question committee ntribution. (SDCL 12-27-19).	انوراغ
Full name of entity or fictitious name (if any):	<i>y</i>	<u> 0 30 </u>
Complete mailing address (PO Box or street address, city 337 77 No Ane S. BROKIN	v, state, zip) of entity's office:	
Mailing address (PO Box or street address, city, state, zip	POLRT BROOKINGS 50 57006	Filed this 215t day of
** Below you must provide the names and mailing address	ses of any owners or directors and officers of the entity **	January 2021
Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)	Steve Sarnett SECRETARY OF STATE
DUANE HARMS	7310 VALLEY VIEW ROAD BROKINGS SD 57006	
JASON HARMS JEFF HARMS	846 REGENCY CT. BROOKINGS SD 57006	

919 CHRISTINE AVE BROOKINGS SD 57006

7417 N. 118TH CR. OMAHA, NE 68142

JENNIFER LIKES