

## **ACS CAN Officers and Board of Directors**

Dr. Karen E. Knudsen, MBA, PhD  
Chief Executive Officer, ACS/ACS CAN  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Lisa Lacasse  
ACS CAN President  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Sandra Cassese, MSN, RN, CNS  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Kay Coleman  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

David Ford  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

David O. Garcia, PhD, FACSM  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

The Honorable Dan Glickman  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Bernard A. Jackvony, J.D  
Treasurer  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Kimberly L. Jeffries Leonard, PhD  
Vice Chair  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Maureen G. Mann, MS, MBA, FACHE  
Chair of the Board  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

John J. Manna, Jr., Esq  
Secretary

655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Michael T. Marquardt  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Scarlott K. Mueller, MPH, RN, FAAN  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Philip R. O'Brien  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Marcus Plescia, MD, MPH  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Omar M. Rashid, MD, JD, FACS, FSSO, DABS  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Jose R. Ramos Jr.  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

William P. Underriner  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005

Bruce D. Waldholtz, MD  
655 15<sup>th</sup> Street, NW, Suite 503  
Washington, DC 20005



# Ballot Question 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.*

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 South Dakotans Decide Healthcare Ballot Question committee.

Amount of contribution: \$50,000 Date of contribution: 10/12/2022

Full name of entity or fictitious name (if any):  
American Cancer Society Cancer Action Network, Inc.

Complete mailing address (PO Box or street address, city, state, zip) of entity's office:  
PO Box 1146, Sloux Falls, SD 57101

Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution:  
PO Box 1146, Sloux Falls, SD 57101

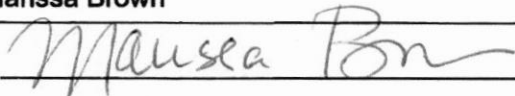
**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)
Attached	

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: Marissa Brown

Signature of the person authorizing the contribution: 

Date: 10/11/2022

**\*\* 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:**

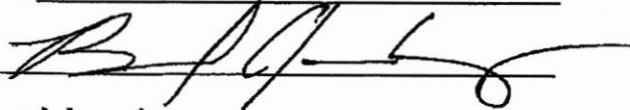
(1) The name and street address of every person who owns ten percent or more of the entity, has provided ten percent or more of the entity's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
N/A	

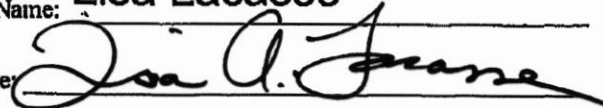
No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is 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: 10/11/22 Entity Treasurer Printed Name: Bernard A. Jackvony

Entity Treasurer Signature: 

Date: 10/11/22 Entity President Printed Name: Lisa Lacasse

Entity President Signature: 

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



# Ballot Question 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.

\*\*This form is not required if an entity contributes donated goods or services.\*\*

(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 South Dakotans Decide Healthcare Ballot Question committee.  
Amount of contribution: \$65,000 Date of contribution: 9/30/22

Full name of entity or fictitious name (if any):  
American Cancer Society Cancer Action Network, Inc.

Complete mailing address (PO Box or street address, city, state, zip) of entity's office:  
PO Box 1146, Sioux Falls, SD 57101

Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution:  
PO Box 1146, Sioux Falls, SD 57101

\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\*

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)
Attached	

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: Marissa Brown

Signature of the person authorizing the contribution: [Handwritten Signature]

Date: 9/30/22

Last updated July 1, 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:**

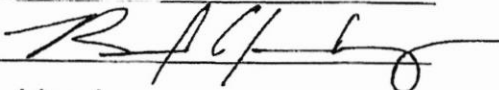
(1) The name and street address of every person who owns ten percent or more of the entity, has provided ten percent or more of the entity's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
N/A	

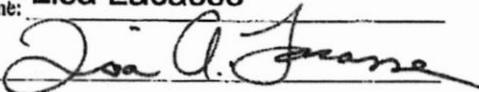
No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is 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: 26 Sept 22 Entity Treasurer Printed Name: Bernard A. Jackvony

Entity Treasurer Signature: 

Date: 09/29/22 Entity President Printed Name: Lisa Lacasse

Entity President Signature: 

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



# Ballot Question 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.

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 South Dakotans Decide Healthcare Ballot Question committee.

Amount of contribution: \$10,000 Date of contribution: \_\_\_\_\_

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

American Lung Association

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

55 W. Wacker Dr. Chicago, IL 60601

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

**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)

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: Harold Wimmer

Signature of the person authorizing the contribution: *Harold Wimmer*

Date: 10/6/22

**\*\* 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)

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: 10/6/22 Entity Treasurer Printed Name: Michael Carstens

Entity Treasurer Signature: 

Date: 10/6/22 Entity President Printed Name: Harold Wimmer

Entity President Signature: 

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





# Ballot Question 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.

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 Amendment P SDDH Ballot Question committee.

Amount of contribution: \$ 500,000 Date of contribution: 8/24/2022

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

Avera

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

3900 W Avera Dr. SF SD 57108

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

3900 W Avera Dr. SF SD 57108

**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)
<u>Bob Sutton, officer</u>	<u>3900 W. Avera Dr. Sioux Falls, SD 57108</u>
<u>Julie Lantt, officer</u>	<u>3900 W. Avera Dr. Sioux Falls, SD 57108</u>
<u>Rich Korman, officer</u>	<u>3900 W. Avera Dr. Sioux Falls, SD 57108</u>

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: Deb Fischer Clemens

Signature of the person authorizing the contribution: Deb Fischer Clemens

Date: 8/8/2022

**\*\* 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:

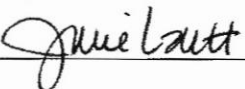
(1) The name and street address of every person who owns ten percent or more of the entity, has provided ten percent or more of the entity's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)


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: 8/9/2022 Entity Treasurer Printed Name: Julie Lutt

Entity Treasurer Signature: 

Date: 8-9-22 Entity President Printed Name: Bob Sutton

Entity President Signature: 

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



# Ballot Question 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.

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 South Dakotans Decide Healthcare Ballot Question committee.

Amount of contribution: \$15,000 Date of contribution: September 28, 2022

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

Community HealthCare Association of the Dakotas

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

196 E. 6th St, Suite 200, Sioux Falls, SD 57104

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

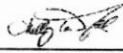
**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)

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: Shelly TenNapel, CEO

Signature of the person authorizing the contribution: 

Date: 9/28/2022

\*\* 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)
Mara Jiran, President	Spectra Health 212 S 4th Street, Stes 101 & 301 Grand Forks ND 58201
Tim Trithart, Vice President	Community Health Center of the Black Hills, Inc 350 Pine Street Rapid City SD 57701
Patrick Gulbranson, Treasurer	Family HealthCare 301 NP Avenue Fargo ND 58102
Brian Williams	Coal Country Community Health Center 1312 Hwy 49 W Beulah ND 58523
Dr. Stephanie Low	Community Health Service, Inc 810 4th Ave S, Suite 101 Moorhead MN 56560
Alicia Collura	Falls Community Health 521 N Main Avenue Sioux Falls SD 57104
Wade Erickson	Horizon Health Care, Inc PO Box 99, 208 S Main Street Howard SD 57349
Nadine Boe	Northland Community Health Centers PO Box 535, 104 Main Ave Turtle Lake ND 58575
Michaela Seiber	South Dakota Urban Indian Health 1200 N West Avenue Sioux Falls SD 57104

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: 9/28/2022 Entity Treasurer Printed Name: Patrick Gulbranson, Treasurer  
 Entity Treasurer Signature: 

Date: 9/28/2022 Entity President Printed Name: Mara Jiran, President  
 Entity President Signature: 

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



# Ballot Question 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.*

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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** South Dakotans Decide Healthcare **Ballot Question committee.**

**Amount of contribution:** 10,000.00

**Date of contribution:** \_\_\_\_\_

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

The Leukemia & Lymphoma Society

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

3 International Dr #200, Rye Brook, NY 10573

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

10 G St NE, Suite 400, Washington, DC 20002

**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

<b>Name of Entity's Owners or Directors &amp; Officers</b> <i>(List what is applicable)</i>	<b>Mailing Address</b> <i>(PO Box or Street Address, City, State, Zip)</i>
Louis DeGennaro, CEO	The Leukemia & Lymphoma Society, 3 International Dr #200, Rye Brook NY 10573

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: Marialanna Lee

Signature of the person authorizing the contribution:

Marialanna Lee  
DocuSigned by:  
5C938709AFC94F2...

Date: 09/28/2022 | 16:46 PM EDT

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

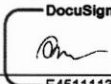
**Before contributing more than ten thousand dollars** in the aggregate to a ballot question committee pursuant to SDCL 12-27-18, an entity shall provide to the ballot question committee a sworn written statement made by the president and treasurer of the entity declaring and affirming, under the penalty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

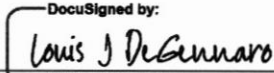
(1) The name and street address of every person who owns ten percent or more of the entity, has provided ten percent or more of the entity's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)

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.

09/28/2022 | 16:09 PM EDT  
 Date: \_\_\_\_\_ Entity Treasurer Printed Name: Gordon Miller  
 Entity Treasurer Signature:  \_\_\_\_\_  
DocuSigned by: E4511113354F498...

09/28/2022 | 17:57 PM EDT  
 Date: \_\_\_\_\_ Entity President Printed Name: Louis DeGennaro  
 Entity President Signature:  \_\_\_\_\_  
DocuSigned by: D1E426B5F0EF49F...

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

**Certificate Of Completion**

Envelope Id: CCE9E5DE9C704D228764BDF9C9F0334C  
 Subject: Complete with DocuSign: South Dakotans Decide Healthcare\_1205506.pdf  
 Source Envelope:  
 Document Pages: 2 Signatures: 3  
 Certificate Pages: 4 Initials: 0  
 AutoNav: Enabled  
 Envelopeld Stamping: Enabled  
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed  
  
 Envelope Originator:  
 Sarah Rowe  
 3 International Drive  
 Ste 200  
 Rye Brook, NY 10573  
 Sarah.Nieman@lls.org  
 IP Address: 108.17.18.12

**Record Tracking**

Status: Original Holder: Sarah Rowe Location: DocuSign  
 9/28/2022 3:55:04 PM Sarah.Nieman@lls.org

**Signer Events**

Gordon Miller  
 JR.Miller@lls.org  
 EVP & CFO  
 The Leukemia & Lymphoma Society, Inc.  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
 E4511113354F496...  
  
 Signature Adoption: Uploaded Signature Image  
 Using IP Address: 174.231.2.184  
 Signed using mobile

**Timestamp**

Sent: 9/28/2022 3:57:40 PM  
 Viewed: 9/28/2022 4:07:04 PM  
 Signed: 9/28/2022 4:09:48 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Louis J DeGennaro  
 Louis.DeGennaro@lls.org  
 President & CEO  
 The Leukemia & Lymphoma Society  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 D1E428B5F0E49F...  
  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 144.121.248.226

Sent: 9/28/2022 3:57:41 PM  
 Viewed: 9/28/2022 5:57:04 PM  
 Signed: 9/28/2022 5:57:33 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 9/28/2022 5:57:04 PM  
 ID: 974bc074-ef08-4ecf-abca-85c77e04a608  
 Company Name: Leukemia & Lymphoma Society

Marialanna Lee  
 Marialanna.Lee@lls.org  
 SVP, Public Policy  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 5C938709AFC94F2...  
  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 174.192.8.131

Sent: 9/28/2022 3:57:41 PM  
 Viewed: 9/28/2022 4:46:24 PM  
 Signed: 9/28/2022 4:46:31 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 9/28/2022 4:46:24 PM  
 ID: 8c243ba9-3c93-49c0-8564-9861bfca8d3f  
 Company Name: Leukemia & Lymphoma Society

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp

<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
----------------------------------	---------------	------------------

<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
---------------------------	---------------	------------------

<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
-----------------------	------------------	------------------

<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
----------------------	------------------	------------------

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
--------------------------------	---------------	-------------------

Envelope Sent	Hashed/Encrypted	9/28/2022 3:57:41 PM
Certified Delivered	Security Checked	9/28/2022 4:46:24 PM
Signing Complete	Security Checked	9/28/2022 4:46:31 PM
Completed	Security Checked	9/28/2022 5:57:33 PM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
-----------------------	---------------	-------------------

<b>Electronic Record and Signature Disclosure</b>
---



**ELECTRONIC RECORD AND SIGNATURE DISCLOSURE** From time to time, The Leukemia & Lymphoma Society, Inc. ("LLS", "we" or , "us" or Company) may be required by law to provide to you with certain written notices, or disclosures or will request your confirmation that you have understood and adhered to certain key LLS policies. Described below are the terms and conditions for providing to you such notices, and disclosures and confirmation requests electronically through your a DocuSign, Inc. ("DocuSign") Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, kindly please confirm your agreement by clicking the 'I agree' button at the bottom of this document. Getting paper copies At any time, you may request from us a paper copy of any record provided or made available electronically to you by us . For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we sent to you through your DocuSign user account. for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described be All notices and disclosures will be sent to you electronically Unless you instruct tell us otherwise instruct otherwise in accordance with the procedures described herein, we will provide you electronically, to you through your DocuSign user account, all required notices, disclosures, authorizations, acknowledgements, confirmations and other documents that are required to be provided or made available to you during the course of our relationship with you by LLS. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us. How to contact The Leukemia & Lymphoma Society, Inc.LLS and/or to advise the Leukemia & Lymphoma Society, Inc. us of your new email address: You may Please contact us to let us know of your any changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically, or to notify us of a change in your email address by contacting Claude Edkins at as follows: [claudio.edkins@lls.org](mailto:claudio.edkins@lls.org). When updating your email address, kindly provide your old address as well as your new email address.To advise The Leukemia & Lymphoma Society, Inc. of your new e-mail address To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [claudio.edkins@lls.org](mailto:claudio.edkins@lls.org) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address.. In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign. To request paper copies from The Leukemia & Lymphoma Society, Inc.:LLS: To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [claudio.edkins@lls.org](mailto:claudio.edkins@lls.org) and in the body of such request you must please state your e-mail address, full name, US Postal address, and telephone number and specify the documents you wish to be sent to you by mail. We will bill you for any fees at that time, if any.

To withdraw your consent with The Leukemia & Lymphoma Society, Inc. (LLS): To inform us that you no longer want to receive future notices and disclosures in electronic format you may: i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may; ii. send us an e-mail to [claudio.edkins@lls.org](mailto:claudio.edkins@lls.org) providing and in the body of such request you must state your e-mail, full name, and email address, IS Postal Address., telephone number, and account number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process. Required hardware and software Operating Systems: Windows 2000 or Windows XP? Browsers (for SENDERS): Internet Explorer 6.0 or above Browsers (for SIGNERS): Internet Explorer 6.0, Mozilla Firefox 1.0, NetScape 7.2 (or above) Email: Access to a valid email account Screen Resolution: 800 x 600 minimum Enabled Security Settings: • Allow per session cookies • Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection \*\* These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below. By checking the 'I Agree' box, I confirm that: • I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and • I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access. Until or unless I notify The Leukemia & Lymphoma Society, Inc. as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by The Leukemia & Lymphoma Society, Inc. during the course of my relationship with you.



# Ballot Question 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.*

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 \_\_\_\_\_ South Dakotans Decide Healthcare \_\_\_\_\_ Ballot Question committee.**

**Amount of contribution: \$25,000.00 \_\_\_\_\_ Date of contribution: 9/29/2022**

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

Montana Budget & Policy Center

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

15 W. 6th Ave., Suite 3E, Helena, MT 59601

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

**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

<b>Name of Entity's Owners or Directors &amp; Officers</b> <i>(List what is applicable)</i>	<b>Mailing Address</b> <i>(PO Box or Street Address, City, State, Zip)</i>
Madalyn Quinlan, President	Same as above.
James Steele, Vice President	Same as above.
Lillian Alvernaz, Treasurer	Same as above.
Heather O'Loughlin, Executive Director	Same as above.

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: Heather O'Loughlin \_\_\_\_\_

Signature of the person authorizing the contribution:  \_\_\_\_\_

Date: 9/27/2022 \_\_\_\_\_

**\*\* 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)


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: 9/27/2022 Entity Treasurer Printed Name: Lillian Alvernaz

Entity Treasurer Signature: 

Date: 9/27/2022 Entity President Printed Name: Madalyn Quinlan

Entity President Signature: 

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



# Ballot Question 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.*

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

([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 South Dakotans Decide Healthcare Ballot Question committee.

Amount of contribution: \$500,000.00 Date of contribution: 08/19/2022

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

Monument Health Rapid City Hospital, Inc.

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

353 Fairmont Blvd., Rapid City, SD 57701

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

353 Fairmont Blvd., Rapid City, SD 57701

**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers <i>(List what is applicable)</i>	Mailing Address <i>(PO Box or Street Address, City, State, Zip)</i>
See Attached	

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: Paulette Davidson

Signature of the person authorizing the contribution: 

Date: 08/17/2022

**\*\* 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:

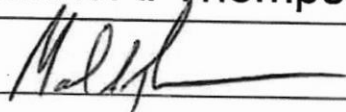
(1) The name and street address of every person who owns ten percent or more of the entity, has provided ten percent or more of the entity's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot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

Name of Shareholder or Member	Complete Street Address (address, city, state, zip)
Monument Health, Inc.	PO Box 6000, Rapid City, SD 57709

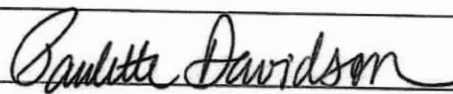
No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is 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: 08/17/2022 Entity Treasurer Printed Name: Mark A. Thompson

Entity Treasurer Signature: 

Date: 08/17/2022 Entity President Printed Name: Paulette Davidson

Entity President Signature: 

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

**MONUMENT HEALTH BOARD OF DIRECTORS  
FY 2022-23**

NAME	ADDRESS
Pat Burchill <b>CHAIR</b> Retired Bank President	3002 Stockade Dr. Rapid City, SD
Paulette Davidson PRESIDENT/CEO	353 Fairmont Boulevard Rapid City, SD 57701
David Emery Retired CEO/Chairman Black Hills Energy	5648 Blue Stem Court Rapid City SD 57702
Glenn Fosdick Retired Healthcare Executive	3101 West Dobson Place Ann Arbor, MI 48105
Terry M. Graber, MD Custer Regional Hospital/Clinic	24060 Cosmos Rd. Rapid City, SD 57702
Donald Habbe, MD Pathologist	3407 Monarch Ct. Rapid City, SD 57702
Robert A. Haivala <b>Attorney</b>	2312 South Baldwin Sturgis, SD 57785
Dusty Pinske VP/Branch Manager First Interstate Bank	20788 Mountain Court Sturgis SD 57785
Paula Santrach, MD Physician	Mayo Clinic 200 First St SW Rochester, MN 55905
Heidi Strouth, MD Physician	Regional Medical Clinic Aspen Centre 640 Flormann Street Rapid City, SD 57701
Richard A. Tysdal Real Estate Broker	618 Custer Street Spearfish, SD 57783
Lewis Trowbridge Retired President Blue Cross Blue Shield of Nebraska	223 North Guadalupe Street Santa Fe, NM 87501
Donald Warne, MD Physician	1428 Nate Circle SE East Grand Forks, MN 56721

7/01/22



# Ballot Question 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.*

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 South Dakotan's Decide Healthcare Ballot Question committee.

Amount of contribution: \$500,000 Date of contribution: 8-16-22

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 57117

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

Andy Munce - 1305 W 18th St. Sioux Falls, SD 57117

**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)
Refer to: <u>www.sanfordhealth.org</u>	<u>1305 W 18th St. Sioux Falls, SD 57117</u>

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: Andy Munce

Signature of the person authorizing the contribution: 

Date: 8/10/2022





# Ballot Question Contribution Statement

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

\*\*This form is not required if an entity contributes donated goods or services.\*\*

(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 South Dakotans Decide Healthcare Ballot Question committee

Amount of contribution: \$100,000 Date of contribution: 8/31/2022

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

SDAHO Enterprises

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

3708 W Brooks Place, Sioux Falls, SD 57106

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

3708 W Brooks Place, Sioux Falls, SD 57106

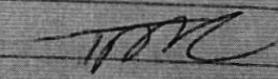
\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\*

Name of Entity's Owners or Directors & Officers <i>(List what is applicable)</i>	Mailing Address <i>(PO Box or Street Address, City, State, Zip)</i>
Bob Sutton	3900 W Avera Drive, Sioux Falls, SD 57108
Scott Hargens	1305 W 18th Street, Sioux Falls, SD 57105
Tim Rave	3708 W Brooks Place, Sioux Falls, SD 57106
Jeremy Schultes	503 W Pine, Philip, SD 57567

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: Tim Rave

Signature of the person authorizing the contribution: 

Date: 8/31/2022

**\*\* 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)
South Dakota Association of Healthcare Organizations	3708 W Brooks Place, Sioux Falls, SD 57501

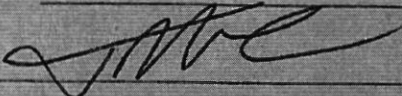
No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is 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: 8/31/2022 Entity Treasurer Printed Name: \_\_\_\_\_

Entity Treasurer Signature: \_\_\_\_\_

Date: 8/31/2022 Entity President Printed Name: Tim Rave

Entity President Signature:  \_\_\_\_\_

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



# Ballot Question 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.

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 South Dakotans Decide Healthcare Ballot Question committee.

Amount of contribution: \$500,000

Date of contribution: 8/17/2022

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

SDAHO Enterprises

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

3708 W Brooks Place, Sioux Falls, SD 57106

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

3708 W Brooks Place, Sioux Falls, SD 57106


**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)
Bob Sutton	3900 W Avera Drive, Sioux Falls, SD 57108
Scott Hargens	1305 W 18th Street, Sioux Falls, SD 57105
Tim Rave	3708 W Brooks Place, Sioux Falls, SD 57106
Jeremy Schultes	503 W Pine, Philip, SD 57567

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: Tim Rave

Signature of the person authorizing the contribution: 

Date: 8/17/2022

**\*\* 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)
South Dakota Association of Healthcare Organizations	3708 W Brooks Place, Sioux Falls, SD 57501

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: 8/17/2022 Entity Treasurer Printed Name: \_\_\_\_\_

Entity Treasurer Signature: \_\_\_\_\_

Date: 8/17/2022 Entity President Printed Name: Tim Rave

Entity President Signature: 

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



# Ballot Question 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.

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 South Dakotans Decide Healthcare Ballot Question committee.

Amount of contribution: \$10,000

Date of contribution: 09/30/2022

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

The Fairness Project

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

2300 18th Street Lbby #21337 NW, Washington, DC 20009

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

2300 18th Street Lbby #21337 NW, Washington, DC 20009

**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)
Kelly Hall, Executive Director, Secretary, Treasurer	2300 18th Street Lbby #21337 NW, Washington, DC 20009
<b>Steve Trossman, President</b>	2300 18th Street Lbby #21337 NW, Washington, DC 20009

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: Kelly Hall

Signature of the person authorizing the contribution:   
Kelly Hall (Sep 27, 2022 18:08 EDT)

Date: Sep 27, 2022

**\*\* 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)
No applicable donors under SDCL 12-27-19(5)(1)	

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: Sep 27, 2022 Entity Treasurer Printed Name: Kelly Hall

Entity Treasurer Signature:   
Kelly Hall (Sep 27, 2022 18:08 EDT)

Date: Sep 27, 2022 Entity President Printed Name: Steve Trossman

Entity President Signature:   
Steve Trossman (Sep 27, 2022 19:15 PDT)

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



# Ballot Question 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.

**\*\*This form is not required if an entity contributes donated goods or services.\*\***

(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 South Dakotans Decide Healthcare Ballot Question committee.

Amount of contribution: \$50,000

Date of contribution: 09/19/2022

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

The Fairness Project

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

2300 18th Street Lbby #21337 NW, Washington, DC 20009

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

2300 18th Street Lbby #21337 NW, Washington, DC 20009

**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

Name of Entity's Owners or Directors & Officers (List what is applicable)	Mailing Address (PO Box or Street Address, City, State, Zip)
Kelly Hall, Executive Director, Secretary, Treasurer	2300 18th Street Lbby #21337 NW, Washington, DC 20009
<b>Steve Trossman, President</b>	2300 18th Street Lbby #21337 NW, Washington, DC 20009

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: Kelly Hall

Signature of the person authorizing the contribution:   
Kelly Hall (Sep 16, 2022 11:15 PDT)

Date: Sep 16, 2022

**\*\* 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)
No applicable donors under SDCL 12-27-19(5)(1)	

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: Sep 16, 2022 Entity Treasurer Printed Name: Kelly Hall

Entity Treasurer Signature:   
Kelly Hall (Sep 16, 2022 11:15 PDT)

Date: Sep 17, 2022 Entity President Printed Name: Steve Trossman

Entity President Signature:   
Steve Trossman (Sep 17, 2022 09:16 PDT)

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