



# Ballot Question Contribution Statement

RECEIVED  
JAN 27 2023  
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.

**\*\*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: \$3,600.00

Date of contribution: 12/16/2022

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 St., 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: 12/16/2022

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

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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.

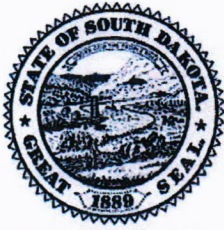
Date: 12/16/2022 Entity Treasurer Printed Name: Tim Rave

Entity Treasurer Signature: 

Date: \_\_\_\_\_ Entity President Printed Name: \_\_\_\_\_

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.**



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([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: November 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., Sioux Falls, SD 57108

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

3900 W. Avera Dr., Sioux Falls, SD 57108

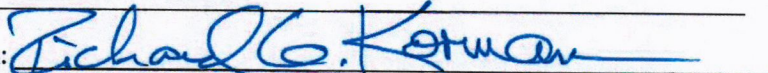
**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

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

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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: Richard G. Korman

Signature of the person authorizing the contribution: 

Date: 01/20/2023

**\*\* 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:

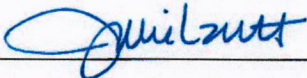
(1) The name and street address of every person who owns ten percent or more of the entity, has provided ten percent or more of the entity's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot 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: 01/20/2023 Entity Treasurer Printed Name: Julie Lautt

Entity Treasurer Signature: 

Date: 01/23/23 Entity President Printed Name: Bob Sutton

Entity President Signature: 

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**\*\*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: 11/18/2022

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

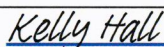
**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

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
Steve Trossman, President	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 (Nov 17, 2022 10:39 PST)

Date: Nov 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)
No applicable donors under SDCL 12-27-19(5)(1)	

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Date: Nov 17, 2022 Entity Treasurer Printed Name: Kelly Hall

Entity Treasurer Signature:  Kelly Hall (Nov 17, 2022 10:39 PST)

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

Entity President Signature:  Steve Trossman (Nov 17, 2022 10:44 PST)

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

# Nov 2022 TFP to SDDH Contribution Statement - unsigned

Final Audit Report

2022-11-17

Created:	2022-11-17
By:	Hannah Ledford (hannah@thefairnessproject.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAC93S7mulqQ1CXu6K2sN2ji4gxloJ8z9c

## "Nov 2022 TFP to SDDH Contribution Statement - unsigned" History


 Document created by Hannah Ledford (hannah@thefairnessproject.org)  
2022-11-17 - 6:36:12 PM GMT - IP address: 108.48.71.9

 Document emailed to kelly@thefairnessproject.org for signature  
2022-11-17 - 6:38:38 PM GMT

 Email viewed by kelly@thefairnessproject.org  
2022-11-17 - 6:38:48 PM GMT - IP address: 76.102.122.16


 Signer kelly@thefairnessproject.org entered name at signing as Kelly Hall  
2022-11-17 - 6:39:15 PM GMT - IP address: 76.102.122.16

 Document e-signed by Kelly Hall (kelly@thefairnessproject.org)  
Signature Date: 2022-11-17 - 6:39:17 PM GMT - Time Source: server- IP address: 76.102.122.16

 Document emailed to Steve Trossman (steve.trossman@gmail.com) for signature  
2022-11-17 - 6:39:18 PM GMT

 Email viewed by Steve Trossman (steve.trossman@gmail.com)  
2022-11-17 - 6:42:52 PM GMT - IP address: 71.146.187.89

 Document e-signed by Steve Trossman (steve.trossman@gmail.com)  
Signature Date: 2022-11-17 - 6:44:02 PM GMT - Time Source: server- IP address: 71.146.187.89

 Agreement completed.  
2022-11-17 - 6:44:02 PM GMT

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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

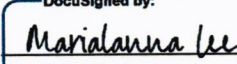
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Name of Entity's Owners or Directors & Officers <i>(List what is applicable)</i>	Mailing Address <i>(PO Box or Street Address, City, State, Zip)</i>
Louis DeGennaro, CEO	The Leukemia & Lymphoma Society, 3 International Dr #200, Rye Brook NY 10573

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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: Marialanna Lee

Signature of the person authorizing the contribution:  \_\_\_\_\_  
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](#)) \*\***

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

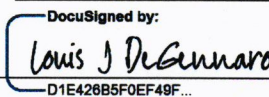
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I hereby declare and affirm under penalty of perjury that no part of the contribution was raised or collected by the entity for the purpose of influencing the ballot questions.

Date: 09/28/2022 | 16:09 PM EDT Entity Treasurer Printed Name: Gordon Miller

Entity Treasurer Signature:  DocuSigned by:  
E4511113354F498...

Date: 09/28/2022 | 17:57 PM EDT Entity President Printed Name: Louis DeGennaro

Entity President Signature:  DocuSigned by:  
D1E428B5F0EF49F...

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

RECEIVED

JAN 27 2023

DocuSign

S.D. SEC. OF STATE

Certificate Of Completion

Envelope Id: CCE9E5DE9C704D228764BDF9C9F0334C
Subject: Complete with DocuSign: South Dakotans Decide Healthcare\_1205506.pdf
Source Envelope:
Document Pages: 2
Certificate Pages: 4
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
9/28/2022 3:55:04 PM
Holder: Sarah Rowe
Sarah.Nieman@lls.org
Location: DocuSign

Signer Events

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

Signature

DocuSigned by:
[Signature]
E4811113354F498...

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

Signature Adoption: Uploaded Signature Image
Using IP Address: 174.231.2.184
Signed using mobile

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:
[Signature]
D1E428B5F0EF49F...

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

Signature Adoption: Pre-selected Style
Using IP Address: 144.121.248.226

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:
[Signature]
5C938709AFC94F2...

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

Signature Adoption: Pre-selected Style
Using IP Address: 174.192.8.131

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

Table with 3 columns: Event Type (In Person Signer Events, Editor Delivery Events, Agent Delivery Events, Intermediary Delivery Events), Status, and Timestamp.

<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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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>
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<b>Electronic Record and Signature Disclosure</b>
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**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, 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.



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JAN 27 2023  
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.

**\*\*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: \$3,600.00 Date of contribution: 12/19/2022

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

South Dakota Farmers Union

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

PO Box 1388, Huron SD 57350

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

1865 Iowa Ave SE, Huron SD 57350

**\*\* 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>
Doug Sombke	1102 Main St, Groton, SD 57445
Wayne Soren	21264 446th Ave, Lake Preston, SD 57249
Karla Hofhenke	1865 Iowa Ave SE, Huron SD 57350
Mike Miller	27307 435 Ave, Freeman, SD 57029

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: Karla Hofhenke

Signature of the person authorizing the contribution: *Karla Hofhenke*

Date: January 24, 2023

**\*\* 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: January 24, 2023 Entity Treasurer Printed Name: Karla Hofhenke

Entity Treasurer Signature: *Karla Hofhenke*

Date: January 24, 2023 Entity President Printed Name: Doug Sombke

Entity President Signature: *Doug Sombke*

**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

RECEIVED  
JAN 27 2023  
S.D. SEC. OF STATE

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**\*\*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: \$3,600.00

Date of contribution: 12/19/2022

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:  
1305 W 18th St., Sioux Falls, SD 57117

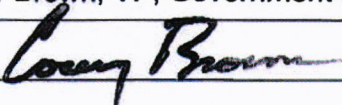
**\*\* Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. \*\***

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

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: Corey Brown, VP, Government Relations, Sanford Health

Signature of the person authorizing the contribution: 

Date: January 20, 2023