



Statement of Organization

[SDCL 12-27-6](#)

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

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

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

Committee Type (you must select one):

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

Committee Information

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

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

Full Name of Committee South Dakotans Decide Healthcare

Telephone Number (605) 370-8332

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

Candidate Name N/A

Office Sought N/A

Mailing Address 4712 S Birchwood Ave, Sioux Falls, SD 57103

Street Address Same as Mailing Address

Committee website address (optional) _____

Chair (Candidate can serve as Chair of their Committee)

Name David Benson

Telephone Number (605) 370-8332

Mailing Address 4712 S Birchwood Ave, Sioux Falls, SD 57103

Street Address Same as Mailing Address

Email Address info@southdakotansdecide.org

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

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

Treasurer*

Name _____

Telephone Number _____

Mailing Address _____

Street Address _____

Email Address _____

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

Statement of Purpose or Goals Increase access to healthcare in South Dakota by expanding Medicaid

Name of Affiliated Organization N/A

Mailing Address N/A

Street Address N/A

Trade, Profession, or Primary Interest of Committee Medicaid Expansion

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

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

South Dakotans Decide Healthcare will support the expansion of Medicaid on the 2022 ballot.

Verification below must be SIGNED BEFORE SUBMITTING this Statement

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty. Any person who, with intent to defraud, falsely makes, completes, or alters a written instrument of any kind, or passes any forged instrument of any kind is guilty of forgery. Forgery is a Class 5 felony ([SDCL 22-39-36](#)). I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer, who is responsible for filings under [SDCL 12-27](#), to a civil penalty of \$200.00 (county political parties and auxiliary organizations, \$50.00) for each violation ([SDCL 12-27-29.1](#)). Additional penalties not to exceed \$250.00 could be assessed per [SDCL 12-27-29.4](#). I also understand that failure to timely file reports or pay penalties could result in the candidate not being certified for office ([SDCL 12-27-29.3](#)).

David Benson (Treasurer),

David Benson (Chair)

Date: Mar 9 2021 10:00AM

Document submitted electronically by David Benson
Signature of Treasurer

Date: Mar 9 2021 10:00AM

Document submitted electronically by David Benson
Signature of Chair

Date/Time Received: Mar 9 2021 10:00AM

Date/Time Filed: Mar 9 2021 10:00AM