

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.
PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

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See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee SD Health Care Assn. Political Action Comm.

Complete Mailing Address 804 N. Western Avenue, Sioux Falls, SD 57104

Name of Person Making Report Mark B. Deak Daytime Phone Number (605) 339-2071

If you are a candidate, what office are you seeking?

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Year-end Report

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) December 31, 2004

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Mark B. Deak (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: January 17, 2005

[Handwritten Signature]

Candidate Signature or
Signature of Committee Treasurer or Chairperson

Filed this 19th day of
January, 2005
Chris Nelson
SECRETARY OF STATE





Name of Candidate or Committee: SD Health Care Assn. Political Action Comm.

For the reporting period ending: December 31, 2004

**Schedule B - Fund-Raising Events Proceeds**

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
<b>Total:</b>	0

**Schedule C - In Kind Contributions**

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
<b>Total:</b>		0

**Schedule D - Other Income**

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Bank Interest Payment	\$ .48
<b>Total:</b>	\$ .48





Name of Candidate or Committee: SD Health Care Assn Political Action Comm.

For the reporting period ending: December 31, 2004

### Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period:		\$ <u>2830.18</u>
2. Receipts		
Schedule A - Direct Contributions	\$ <u>0</u>	
Schedule B - Fund-Raising Events	\$ <u>0</u>	
Schedule C - In Kind Contributions	\$ <u>0</u>	
Schedule D - Other Income	\$ <u>.48</u>	
Total of all Receipts	\$ <u>.48</u>	
3. Total Monetary Receipts (A+B+D)		\$ <u>.48</u>
4. Candidate's Personal Contribution to Own Campaign		\$ <u>0</u>
5. Monetary Loans to Candidate or Committee During Reporting Period		\$ <u>0</u>
6. Monetary Loans Repaid During Reporting Period		\$ <u>0</u>
7. Expenditures - Schedule E		\$ <u>7.30</u>
8. Unpaid Obligations - Schedule F	\$ <u>0</u>	
9. Amount on hand at the close of this reporting period. *		\$ <u>2823.36</u>
This should equal lines (1+3+4+5) - (6+7)		

