



RECEIVED Appendix B

State of South Dakota

JAN 05 2007

Candidate's or Committee's Report of Receipts and Expenditures S.D. SEC. OF STATE

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

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

Name of Candidate or Committee South Dakota Health Care Association PAC

Complete Mailing Address 804 N Western Ave, 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

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) December 31, 2006

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: 1/2/07

Candidate Signature or Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 5th day of January 07, 2007. Chris Nelson, SECRETARY OF STATE





Name of Candidate or Committee: SDHCA PAC

For the reporting period ending: December 31, 2006

**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
<b>Total:</b>	0





Name of Candidate or Committee: SDHCA PACFor the reporting period ending: December 31, 2006**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>6360.36</u>  |
| 2. Receipts  |          |                    |
| Schedule A - Direct Contributions                                    | \$ _____ |                    |
| Schedule B - Fund-Raising Events                                     | \$ _____ |                    |
| Schedule C - In Kind Contributions                                   | \$ _____ |                    |
| Schedule D - Other Income  | \$ _____ |                    |
| Total of all Receipts  | \$ _____ |                    |
| 3. Total Monetary Receipts (A+B+D)                                   |          | \$ _____           |
| 4. Candidate's Personal Contribution to Own Campaign                 |          | \$ _____           |
| 5. Monetary Loans to Candidate or Committee During Reporting Period  |          | \$ _____           |
| 6. Monetary Loans Repaid During Reporting Period                     |          | \$ _____           |
| 7. Expenditures - Schedule E   |          | \$ _____           |
| 8. Unpaid Obligations - Schedule F                                   | \$ _____ |                    |
| 9. Amount on hand at the close of this reporting period. *           |          |                    |
| This should equal lines (1+3+4+5) - (6+7)                            |          | \$ <u>6,360.36</u> |