



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

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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 Dakotans for Medical Cannabis

Complete Mailing Address 612 1/2 St Joseph St

Name of Person Making Report Stephen J Briggs Daytime Phone Number 605 484 1806

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.

initiated measure 4 - supported

Type of Report (See pages 4 & 5 of Guideline Book) FINAL YEAR-END 2006

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

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Stephen J Briggs (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: 2/22/07

Signature of Stephen J Briggs
Candidate Signature or
Signature of Committee Treasurer or Chairperson

Filed this 26th day of February 2007
Chi Nelson
SECRETARY OF STATE

Name of Candidate or Committee: South Dakotans for Medical Cannabis

For the reporting period ending: 31-Dec-2016

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
Total:	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
Total:		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
Total:	0

Name of Candidate or Committee: South Dakotans for Medical Cannabis

For the reporting period ending: 31 Dec 06

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