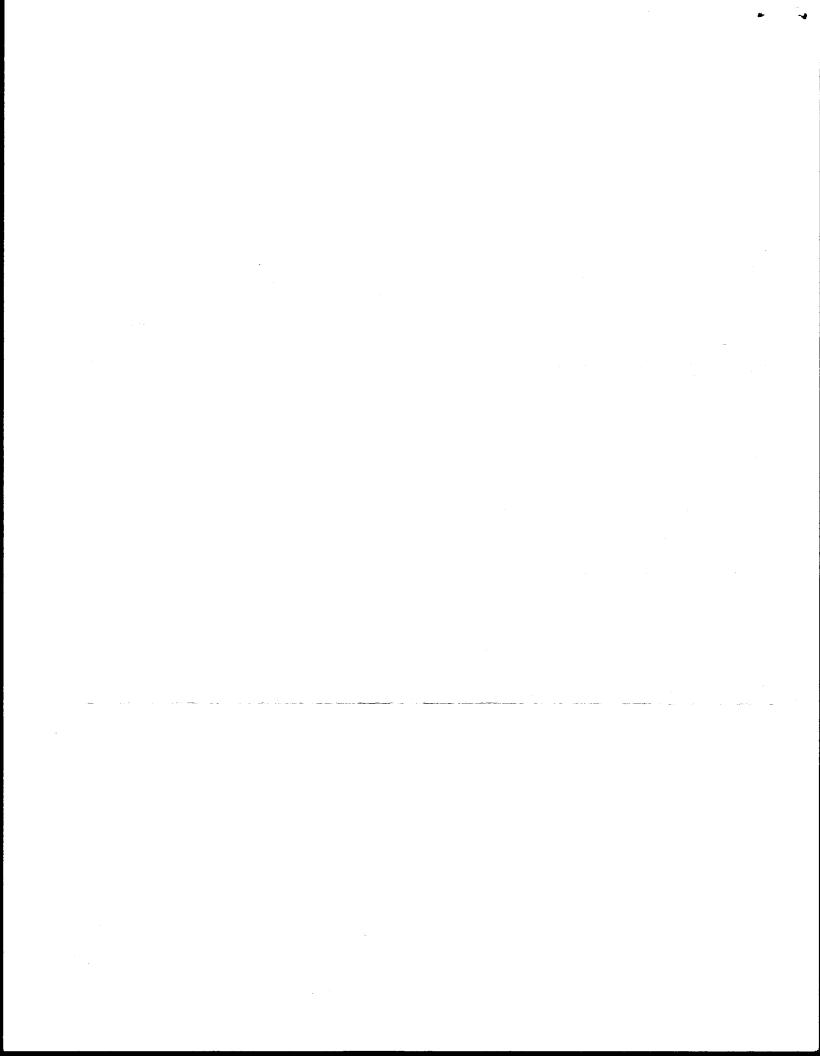
OCT 3 0 2002

State of South Dakota

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

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 Medical Group Management Association PAC Complete Mailing Address 1323 S. Minnesota Ave., Sioux Falls, SD 57105-0624 Daytime Name of Person Making Report Brad Hilscher (605)336-1965 Phone If you are a candidate, what office are you seeking N/AIf 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) Pre-General For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/26/02The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT Gary Reed (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: /0-28-02 Candidate Signature or Signature of Committee Treasurer or Chairperson Revised July 2001



For the reporting per	iod ending 10/26/02		
	Schedule A - Direct	Contributions	
but for this report you may con political parties and enter these the next page. Any contributio or political party and all contribute amount, name, address and contributor has their own sections space, or you may attach additient the amount of the section of t	abine all contributions of \$100 sums as uniterized contribut in of more than \$100 or aggree outions from PAC's must be explace of employment (if apployne for itemization. This schedonal sheets of paper.	gate during a calendar year from their respective lines be gate during a calendar year from the cable) of the contributor. Each lule may be duplicated if you need to be seen the calendar of	ne same from elow and on m an individual ized) giving h type of eed more
Unitemized Contribution	and the second s		*\$ <u>374.00</u>
Itemized Contributions		Place of Employment	
Name	Residence Address	(Name of Employer)	
			\$
			\$
-			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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			\$
-			\$
			\$
Total of Itemized Con-	tributions from Indiv	viduals:	*\$0.00

Name of Candidate or Committee SD Medical Group Management Association PAC

for the reporting period ending	10/26/02	
Schedule A - Di	rect Contributions (continue	d)
nitemized Contributions from P	olitical Parties:	*\$ <u>0.00</u>
temized Contributions from Pol	itical Parties	
Party Name	Address	
	3 - 4 - 4	\$
		\$
otal of Itemized Contributions	from Political Parties:	 *\$ 0.00
cemized Contributions from Pol (All contributions from PAC Name	itical Action Committees (P. PAC's must be itemized.) Address	AC's)
		\$
		\$
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Name of	Candidate	or Comm	nittee §	SD Medi	cal Grou	p Manage	ement	Associati	on PA	.C	
For the	reporting	period	ending	10/26/	02						
		Schedul				Events	Proc	eeds			
	is schedule fund om each event. being more tha	If a contri	hutor atve	es more	than Nilk	i or meir	COHUTU	oution resur	ro mr r	11011	
Type of	Event				Net :	Proceed	is				
			• • •				•	•			
								Total:	٠.	0.00	
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		Sch	adula (C - In	Kind C	ontribi	itions	S			
Report all exceeds \$	non-cash contraction 100, the name	ibutions of	annds or	services	Kind C and the e address ar	estimated	fair ma	arket value	. If the	ne value reported.	
exceeds \$	non-cash control 100, the name of Non-Cas	ributions of of the contr	goods or ibutor, re	services sidence	and the eaddress ar	estimated	fair ma	arket value loyment m	ist oc	ne value reported. Contribu	ıtor
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exceeds \$	100, the name	ributions of of the contr	goods or ibutor, re	services sidence	and the eaddress ar	estimated nd place (fair ma	arket value loyment m	ist oc	reported.	itor
exceeds \$	100, the name	ributions of of the contr	goods or ibutor, re	services sidence	and the eaddress ar	estimated nd place (fair ma	arket value loyment m	ist oc	reported.	ıtor
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exceeds \$ Nature	100, the name	ributions of of the contributions of the contributi	goods or ributor, re ibution	services sidence	and the eaddress and Estima Estima	estimated nd place of ted Value valu	fair mand fair m	Total:	of (0.00	
exceeds \$ Nature Use this s	100, the name of Non-Cas	ributions of of the contributions of the contributi	goods or ributor, re ibution	services sidence	and the eaddress and Estima Estima	estimated nd place of ted Value valu	fair mand fair m	Total:	of (0.00	
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Name	οf	Candidate	or Comm	Committee	SD	Medical	Group	Management	Association	PAC
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For the reporting period ending $\frac{10/26/02}{}$

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Item	Amount	Contributions	Made	to	Candidates	and	Committees:
Advertising	0.00						
Consulting	0.00						
Postage	0.00						
Printing	0.00						
Rent	0.00						
Salaries	0,00						
Telephone	0.00						
Travel	0.00						
Utilities	0.00						
Other Expens	es:						

Bank Service Charge 5.00

Name	of	Candidate	or Committ	:ee SD Medica	al Group Mana	gement Associati	on PAC
For	the	reporting		ling 10/26/02			
			Schedu	ıle F - Debt	s and Oblig	gations	
This s	schedi ting p	ule is to report period. If a ser	all of the candi vice has been c	idate's campaign ontracted but no	n obligations who billed, estima	hich are unpaid at the the amount of the	ne end of the e obligation.
Owed	То			Purpose		Amou	nt
						a againment and	
					Total	Obligations:	\$_0.00

Name of Candidate or Committee SD Medical Group Management Association PAC For the reporting period ending 10/26/02 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. Amount on hand, if any, at beginning of reporting period \$ 1,537.37 1. Receipts 2. Schedule A - Direct Contributions \$ 374.00 Schedule B - Fund-Raising Events \$ 0.00 Schedule C - In Kind Contributions-**-\$** --0.00---1.65 Schedule D - Other Income **\$** 375.65 Total of all receipts Total Monetary Receipts (A+B+D) \$ 375.65 3. 0.00 Candidate's Personal Contribution to Own Campaign 4. Monetary Loans to Candidate or Committee During 5. 0.00 Reporting Period Monetary Loans Repaid During Reporting Period \$ 0.00_ 6. \$ 5.00 Expenditures - Schedule E 7.

\$ 0.00

Unpaid Obligations - Schedule F

This should equal lines (1+3+4+5)-(6+7)

Amount on hand at the close of this reporting period.

8.

9.

to . . 5

\$ 1,908.02