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Campaign Finance Disclosure Statement State of South Dakota

County, municipal and school candidates file in the office where you filed your nominating petition. Statewide PACs, political party, ballot question and other committees file statement with the Secretary of State's Office.

Mail to Secretary of State's Office, Election Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070, fax to 605-773-6580 or email to kea.warne@state.sd.us **Fax and email images must contain the signature and the original must be filed in our office within one week following the date the fax/email was received.**

See pages 43-45 of the Guideline Book for specific instructions on completing this report.

Name of Committee: It's Time - A Smoke Free South Dakota

Complete Street and Postal Address: 221 S. Central, Pierre, SD 57501

Name of Person Making Report: Jennifer Stalley

Daytime Phone Number: 605-224-6772 Evening Phone Number: 605-280-5714

Email Address: jennifer.stalley@cancer.org

If you are a candidate, what office are you seeking: N/A

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.
Yes on 12 - supporting the passage of Referred Law 12

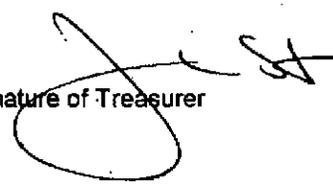
Type of Campaign Statement: Pre-General Election
Pre-election, year-end, mid-year(for ballot questions only), amendment, supplement or termination

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I, Jennifer L. Stalley (type name), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty of fifty dollars per day for each day that the statement remains delinquent.

Date: 10-22-10

Signature of Treasurer


Filed this 22nd day of OCT. 10
Chi Nelson
SECRETARY OF STATE

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period.

1.	Amount on hand, if any, at the beginning of the reporting period:		<u>\$180.36</u>
2.	Receipts		
	Schedule A - Direct Contributions	\$56,717.00	
	Schedule B - In-Kind Contributions	\$200,167.25	
	Schedule C - Other Income	\$0.00	
	Schedule D - Establishing/Administration of Committee	\$0.00	
	Total of all Receipts	\$256,884.25	
3.	Total Monetary Receipts		\$56,717.00
4.	Candidate's Personal Contribution to Own Campaign		\$0.00
5.	Monetary Loans to Candidate or Committee During Reporting Period		\$0.00
6.	Monetary Loans Repaid During Reporting Period		\$0.00
7.	Expenditures - Schedule E		\$45,000.00
8.	Debts and Obligations Owed by Committee - Schedule F	\$0.00	
9.	Monetary Loans Made by the Committee During the Reporting Period - Schedule G		\$0.00
10.	Monetary Loans Repaid to Committee During the Reporting Period - Schedule G		\$0.00
11.	Amount on hand at the close of this reporting period. *		\$11,897.36

*Note: You cannot end the reporting period with a negative balance.

If you are a ballot question committee which received a contribution from an organization, please attach to this campaign finance disclosure statement, the Ballot Question Statement you received from the organization.

Schedule A - Direct Contributions	It's Time - A Smoke Free SD								
South Dakota Nurses Association	PO Box 1015	Pierre	SD	57501		\$250.00			
Black Hills Surgical Hospital	1868 Lombardy Drive	Rapid City	SD	57703		\$5,000.00			
Wellmark Blue Cross Blue Shield of South Dakota	1601 W. Madison Street	Sioux Falls	SD	57104		\$15,000.00			
South Dakota Council of Mental Health Centers	PO Box 532	Pierre	SD	57501		\$250.00			
South Dakota Psychiatric Association	4400 W. 69th Street, #1500	Sioux Falls	SD	57108		\$100.00			
South Dakota State Medical Association	2600 W 49th Street	Sioux Falls	SD	57117		\$10,000.00			
South Dakota Academy of Physician Assistants	7816 S. Hughes Ave	Sioux Falls	SD	57108		\$500.00			
Western Providers PO	P.O. Box 2654	Rapid City	SD	57709		\$5,000.00			
LCM Pathologists, PC	P.O. Box 5134	Sioux Falls	SD	57117		\$1,000.00			
Fourth District Medical Society	100 MAC Lane	Pierre	SD	57501		\$100.00			
American Lung Association of the Upper Midwest	3000 Kelly Lane	Springfield	IL	62711		\$10,000.00			
Watertown District Medical Society, District #2	401 9th Avenue NW	Watertown	SD	57201		\$500.00			
Sixth District Medical Society	625 N. Foster	Mitchell	SD	57301		\$500.00			
Clinical Laboratory of the Black Hills	2805 - 5th Streer, Suite 210	Rapid City	SD	57701		\$250.00			
Community Healthcare Association of the Dakotas	1400 W. 22nd Street	Sioux Falls	SD	57105		\$1,500.00			
Orthopedic Institute	810 E. 23rd Street	Sioux Falls	SD	57117		\$200.00			
Black Hills District Medical Society	PO Box 1851	Rapid City	SD	57702		\$1,000.00			
SD Academy of Family Physicians	3912 Golf Course Road	Watertown	SD	57201		\$500.00			
Jennifer Stalley	4805 Lookout Drive	Pierre	SD	57501		\$100.00			
Michele Hammond	1351 160th Street	Larchwood	IA	51241		\$1.00			
Steph Neyens	1527 King Arthur Court	Brookings	SD	57006		\$1.00			
Katherine Kinsman	5157 Pinedale Heights Drive	Rapid City	SD	57702		\$250.00			
Doug & Louise Peterson	608 Old Cabin Trail	Sioux Falls	SD	57110		\$100.00			
Chuck Schroyer	100 Woodriver Quay	Pierre	SD	57501		\$100.00			
Diane Weber	29350 SD Highway 13	Martin	SD	57551		\$100.00			
Steven Sikorski & Sheila Barrington	5121 S. Barrington Drive	Sioux Falls	SD	57108		\$100.00			
Joanne Baer	61 Charles	Deadwood	SD	57732		\$25.00			
Robert & Francelle Fuss	127 W. 12th Avenue	Redfield	SD	57469		\$25.00			
Mary Milroy, MD	1104 W 8th St	Yankton	SD	57078		\$250.00			
Sharon Rehorst, RN	1408 E. 5th Avenue	Mitchell	SD	57301		\$25.00			
Katy J. Jones, RN	1511 S. Minnesota	Mitchell	SD	57301		\$25.00			
Lesley Wilkinson	6675 Berwick Court	Rapid City	SD	57702		\$25.00			
Marcy Lund, RN	1878 Constance Drive	Vermillion	SD	57069		\$25.00			

Lori Liebel, MSN, RN	4908 S. Twin Ridge Road	Sioux Falls	SD	57108	\$25.00
Venita J. Winterboer	232 Grey Owl Pass	Brookings	SD	57006	\$25.00
Linda Tweet, RN	5117 Blackberry Dr	Sioux Falls	SD	57108	\$25.00
Dr. Thomas E. Stenvig, RN	PO Box 3	Nunda	SD	57050	\$25.00
Joyce Lamont, RN	20669 131st Ave	Sturgis	SD	57785	\$25.00
Maralee D Dennis RN, BSN-MN	3931 Ridgemoor Dr	Rapid City	SD	57702	\$10.00
Christina A. Erickson, MS RN-C	4438 Davin Drive	Rapid City	SD	57701	\$25.00
Deb Fischer-Clemens RN BSN MHA	3217 W Zephyr Pl. #1	Sioux Falls	SD	57108	\$250.00
Mary R. Ingram, PhD, ADRN, BC	21561 Geary Lane	Piedmont	SD	57769	\$25.00
Donna Linke, RN, MSN, CP	39832 233rd St.	Woonsocket	SD	57385	\$50.00
Ardelle Kleinsasser, RN	1721 S. Menlo	Sioux Falls	SD	57105	\$25.00
Mary Brendtro, RN	208 E. 5th Street	Crooks	SD	57020	\$25.00
Brittany Novotny	1605 E. Cabot	Pierre	SD	57501	\$50.00
Susan Keltz, RN, BS, NCSN	3192 Bonita Lane	Rapid City	SD	57703	\$25.00
Marie Cissell, MN, RN	3003 Country Club Court	Rapid City	SD	57702	\$25.00
Chris Snaveley, PA-C	725 W. 5th Street	Winner	SD	57580	\$50.00
Karen Bumann, PA-C	21008 441st Avenue	Lake Preston	SD	57249	\$100.00
Crystal Page, PA-C	PO Box 596	Buffalo	SD	57720	\$50.00
Ranae Gerlach, PA-C	PO Box 131	Stickney	SD	57375	\$50.00
Kristi Steinsrud, PA-C	7816 S. Hughes Avenue	Sioux Falls	SD	57108	\$100.00
Dr. Helen Frederickson, MD	677 Cathedral Drive	Rapid City	SD	57701	\$100.00
Dr. Elizabeth Saylor, MD	71 Charles Street	Deadwood	SD	57732	\$50.00
Dr. David Elson, MD FACP	1000 E. 21st Street, Suite 200	Sioux Falls	SD	57105	\$50.00
Dr. Wes Nord, MD	1115 E. 20th Street	Sioux Falls	SD	57105	\$100.00
Dr. Allen & Vicki Nord	2411 Cameron Drive	Rapid City	SD	57702	\$200.00
Jennifer Tinguely, MPH	400 N. Main Ave #307	Sioux Falls	SD	57104	\$25.00
Rick Holm, MD and Joanie Holm	724 5th St	Brookings	SD	57006	\$100.00
Karla Murphy, MD	2608 E Slaten Park Cir	Sioux Falls	SD	57103	\$500.00
Barbara A. Smith, CEO	5809 S. Nature Run Place	Sioux Falls	SD	57108	\$100.00
Sylvia Anderson, MD	PO Box 100	Faulkton	SD	57438	\$50.00
Dr. John and Anne Barlow	13880 Clydesdale Road	Rapid City	SD	57702	\$100.00
Michael Pekas, MD	5509 S. Shadow Wood Place	Sioux Falls	SD	57108	\$250.00
Dr. Rod Parry, MD	1805 S. Pendar Lane	Sioux Falls	SD	57105	\$100.00
Dr. Bruce Vogt	6300 S. Audie Drive	Sioux Falls	SD	57108	\$35.00

Dr. Paul Amundson, MD	4917 S. Sunflower Trail	Sioux Falls	SD	57108	\$250.00
Dr. William J. Mangold, Jr., MD	7565 N. Skyline Drive	Tucson	AZ	85718	\$25.00
Mark East	47583 Theresa Circle	Sioux Falls	SD	57104	\$100.00
Steve Schroeder, MD	Box 71	Miller	SD	57362	\$100.00
Dr. Pamela Ephgrave	1205 S. Grange, Suite 301	Sioux Falls	SD	57105	\$50.00
Dr. Tom Herman	1440 Sherman Street	Sturgis	SD	57785	\$100.00
Dr. Daniel J. Heinemann, MD	48293 Arrowhead Place	Canton	SD	57013	\$100.00
Guy & Carolyn Tam	2712 S. Elmwood Avenue	Sioux Falls	SD	57105	\$100.00
B.L. Barbess, MD	3561 S. Spencer BVD	Sioux Falls	SD	57103	\$20.00
David & Connie Hove	23714 481st Avenue	Flandreau	SD	57028	\$25.00
Kathryn Shockey	1815 Brookdale Road	Spearfish	SD	57783	\$25.00

\$56,442.00

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: South Dakota Nurses Association

Date: 10/14/10 Signature: [Signature]

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Black Hills Surgical Hospital, LLP

Date: 10-18-10 Signature: [Signature] CEO/General Counsel

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

**Ballot Question Contribution Statement
State of South Dakota**

Complete one of the following three sections that pertain to your organization.

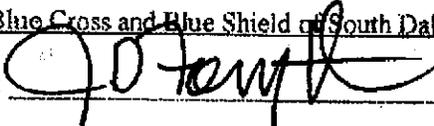
Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Wellmark Blue Cross and Blue Shield of South Dakota, Inc. dba Wellmark, Inc.

Date: 10/20/2010

Signature: _____



Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address

Name of Person Authorizing the Contribution: _____

Street Address: _____

Date: _____ Signature: _____

Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
Wellmark, Inc. is the 100% shareholder of Wellmark Blue Cross and Blue Shield of South Dakota	1331 Grand Ave. Des Moines, IA 50309-2901

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: 10/20/2010

President Signature: _____
(Chairman & CEO)

Date: 10/20/2010

Treasurer Signature: _____
(Chief Financial Officer)

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

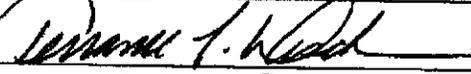
Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: SOUTH DAKOTA COUNCIL OF MENTAL HEALTH CAREERS, INC.

Date: 10-20-2010 Signature: 
EXECUTIVE DIRECTOR

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

**Ballot Question Contribution Statement
State of South Dakota**

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: SOUTH DAKOTA PSYCHIATRIC ASSOCIATION

Date: 10-18-10 Signature: Virginia C. Brown

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: South Dakota State Medical Association

Date: October 20, 2010 Signature: Mark East, Vice President

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address

Name of Person Authorizing the Contribution: _____

Street Address: _____

Date: _____ Signature: _____

Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
NA - no stakeholder or shareholders	

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: October 20, 2010

President Signature: Barbara A. Amick

Date: October 20, 2010

Treasurer Signature: Lozee Ness, Accounting Dept.

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: South Dakota Academy of Physicians Assistants

Date: 10/18/10 Signature: [Signature]
F. J. [Signature]
SDSAS President

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

10/18/2010 08:57 6052247847

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PAGE 02/03

Appendix E

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Western Providers Physician Organization

Date: 10/18/10 Signature: Allen E Nord MD

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: LCM Pathologists P.C.

Date: 10-18-2010 Signature: Thomas J. Schnabel

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

**Ballot Question Contribution Statement
State of South Dakota**

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: 4th District Medical Society
Date: 10-19-10 Signature: E. Boone

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____
State or Country under Whose Law the Organization is Incorporated or Organized: _____
Street Address of the Organization's Principle Office: _____
Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____
Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: American Lung Association of the Upper Midwest d/b/a American Lung Association of South Dakota

Date: 10/12/2010 Signature: Laura Scott

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address

Name of Person Authorizing the Contribution: _____

Street Address: _____

Date: _____ Signature: _____

Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
N/A - we are a 501c3 charitable organization that is Governed by a Board of Directors Not "owned" by any individual persons.	

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: _____ President Signature: _____

Date: _____ Treasurer Signature: _____

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

Amended 6-2-09

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Watertown District Medical Society, District #2

Date: 10/18/10 Signature: [Signature] MD Treasurer

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: CR District South Dakota Spk Medical Society

Date: 10/17/10 Signature: [Signature]

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Geib, Elston, Frost P.A. dba Clinical Laboratory of the Black Hills

Date: 10/18/10 Signature: Victoria

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Fax TO: 605-224-7847

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Appendix E

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Community Healthcare Association of the Dakotas, Inc.

Date: 10/18/10 Signature: Amy Cerasich

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

**Ballot Question Contribution Statement
State of South Dakota**

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Orthopedic Institute P.C

Date: 10-19-10 Signature: July Nilan

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

**Ballot Question Contribution Statement
State of South Dakota**

Complete one of the following three sections that pertain to your organization.

Section 1

X Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Black Hills Medical Society

Date: 10/18/2010 Signature: Jennifer May MD - President

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

**Ballot Question Contribution Statement
State of South Dakota**

Complete one of the following three sections that pertain to your organization.

Section 1



Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: South Dakota Academy of Family Physicians

Date: 10/15/10 Signature: Carlotta Hareb

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: _____

Date: _____ Signature: _____

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: TOBACCO-FREE KIDS ACTION FUND

State or Country under Whose Law the Organization is Incorporated or Organized: WASHINGTON, D.C.

Street Address of the Organization's Principle Office: 1400 I ST., NW, WASHINGTON D.C. 20005

Date: 10/19/10 Signature: [Signature]

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

**Ballot Question Contribution Statement
State of South Dakota**

Complete one of the following three sections that pertain to your organization.

Section 1

X Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: American Heart Association

Date: October 20, 2010 Signature: *Kevin Harker*
Kevin Harker, Executive Vice President, Midwest Affiliate

Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

State or Country under Whose Law the Organization is Incorporated or Organized: _____

Street Address of the Organization's Principle Office: _____

Date: _____ Signature: _____

Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: _____

Street Address of the Organization's Principle Office: _____

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address

Name of Person Authorizing the Contribution: _____

Street Address: _____

Date: _____ Signature: _____

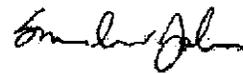
Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
The American Heart Association is a nonprofit organization. We do not have owners/shareholders.	

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: October 20, 2010 EVP Signature: 
 Kevin Harker, Executive Vice President, Midwest Affiliate

Date: October 20, 2010 Treasurer Signature: 
 Sunder Joshi, Chief Administrative Officer

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

Amended 6-2-09