

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
South Dakota State Medical Association Political Action Committee (SDSMAPAC)

ADDRESS (number and street) 2600 W. 49th St.
Ste. 200
 Check if different than previously reported. (ACC)
Sioux Falls SD 57105

2. **FEC IDENTIFICATION NUMBER** C00005132
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Barb Smith

Signature of Treasurer Electronically Filed by Mrs. Barb Smith Date 07 30 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
South Dakota State Medical Association Political Action Committee (SDSMAPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		17226.94
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	17226.94									
(c) Total Receipts (from Line 19)	23700.00	23700.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40926.94	40926.94								
7. Total Disbursements (from Line 31)	3046.42	3046.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37880.52	37880.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8250.00	8250.00
(ii) Unitemized	15450.00	15450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23700.00	23700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23700.00	23700.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23700.00	23700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23700.00	23700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	3046.42	3046.42
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3046.42	3046.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3046.42	3046.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23700.00	23700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23700.00	23700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.	Full Name (Last, First, Middle Initial) Dr. H. Lee Ahrlin	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 531 Fox Run Dr.	Transaction ID: SA11AI.8575
	City State Zip Code Rapid City SD 57701-2328	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Fed Candidate
	Name of Employer Occupation Ahrlin Orthopedic, Ltd. Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Robbin Ahrlin	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 531 Fox Run Dr.	Transaction ID: SA11AI.8576
	City State Zip Code Rapid City SD 57701-2328	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Fed Candidate
	Name of Employer Occupation N/A Medical Doctor's Spouse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. David Bean	Date of Receipt MM / DD / YYYY 01 / 21 / 2009
	Mailing Address 1609 N. Six Mile Rd.	Transaction ID: SA11AI.8496
	City State Zip Code Sioux Falls SD 57103-7404	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Federal Candidate
	Name of Employer Occupation University Physicians/Psychiatry Assoc Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Marvin Buehner		Date of Receipt
	Mailing Address 5515 Barberrry Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rapid City	SD	57702
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8494
Name of Employer Black Hills OB-GYN LLP		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution to Non Federal Candidate

B.	Full Name (Last, First, Middle Initial) Dr. Mary Carpenter		Date of Receipt
	Mailing Address Box 769		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Winner	SD	57580-0769
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8556
Name of Employer Family Practice Assoc./Winner		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution to Non Federal Candidate

C.	Full Name (Last, First, Middle Initial) Wade E. Dosch, MD		Date of Receipt
	Mailing Address 4701 S Lewis Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sioux Falls	SD	57103-5413
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8542
Name of Employer McGreevy Clinic Avera		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution to Non Fed Candidate

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A. Full Name (Last, First, Middle Initial)
Mrs. Lynn Eckrich

Mailing Address 5511 Shooting Star Tr.

City State Zip Code
 Rapid City SD 57702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 Medical Doctor's spouse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.8545

Amount of Each Receipt this Period 250.00

Contribution to Non Fed Candidate

B. Full Name (Last, First, Middle Initial)
Dr. Stephen Eckrich

Mailing Address 5511 Shooting Star Tr.

City State Zip Code
 Rapid City SD 57702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 Black Hills Ortho & Spine Center Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.8544

Amount of Each Receipt this Period 250.00

Contribution to Non Fed Candidate

C. Full Name (Last, First, Middle Initial)
Mr. Dan Flynn

Mailing Address P. O. Box 769

City State Zip Code
 Winner SD 57580-0769

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 Medical Doctor's Spouse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.8557

Amount of Each Receipt this Period 500.00

Contribution to Non Fed Candidate

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial) Dr. Stephen Gehring		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 1118 Third St., NW		Transaction ID: SA11AI.8497
City Watertown	State SD	Zip Code 57201-1306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Watertown Urology, PC	Occupation Medical Doctor	Contribution to Non Federal Candidate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Keith Hansen		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 139 West Doral Ct.		Transaction ID: SA11AI.8538
City Sioux Falls	State SD	Zip Code 57108-6413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SVC - OBGYN, Ltd.	Occupation Medical Doctor	Contribution to Non Fed Candidate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Mrs. Margaret Hansen		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 5133 South Barrington Drive		Transaction ID: SA11AI.8540
City Sioux Falls	State SD	Zip Code 57108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SD Bd of Med & Osteo Examiners	Occupation Executive Director	Contribution to Non Federal Candidate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.	Full Name (Last, First, Middle Initial) Mrs. Janice Knutsen	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 1518 Forest Dr.	Transaction ID: SA11AI.8578
	City State Zip Code Rapid City SD 57701-4448	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Fed Candidate
	Name of Employer N/A Occupation Medical Doctor's spouse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Roger Knutsen	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 1518 Forest Drive	Transaction ID: SA11AI.8577
	City State Zip Code Rapid City SD 57701-4448	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Fed Candidate
	Name of Employer West River Dermatology, PC Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Stephen Kovarik	Date of Receipt MM / DD / YYYY 05 / 05 / 2009
	Mailing Address 1408 Enchantment Rd.	Transaction ID: SA11AI.8601
	City State Zip Code Rapid City SD 57701-9218	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Fed Candidate
	Name of Employer Black Hills Peds/Neonatology Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A. Full Name (Last, First, Middle Initial)
Mrs. Virginia Kovarik

Mailing Address 1408 Enchantment Rd.

City State Zip Code
Rapid City SD 57701-9218

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Medical Doctor's spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.8602

Amount of Each Receipt this Period
250.00

Contribution to Non Fed Candidate

B. Full Name (Last, First, Middle Initial)
Dr. Deborah Kullerd

Mailing Address 2405 North Second Street

City State Zip Code
Spearfish SD 57783-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer Queen City Medical Center Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.8546

Amount of Each Receipt this Period
300.00

Contribution to Non Fed Candidate

C. Full Name (Last, First, Middle Initial)
Dr. Alan Lawrence

Mailing Address 1201 Sunset Street, NW

City State Zip Code
Watertown SD 57201-1166

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown Clinic Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.8531

Amount of Each Receipt this Period
300.00

Contribution to Non Fed Candidate

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Mary Meierhenry	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 4701 South Lewis Avenue	Transaction ID: SA11AI.8541
	City State Zip Code Sioux Falls SD 57108	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Fed Candidate
	Name of Employer Occupation McGreevy Clinic LLP Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Karla Murphy	Date of Receipt MM / DD / YYYY 01 / 21 / 2009
	Mailing Address 2608 E. Slaten Park Cir.	Transaction ID: SA11AI.8492
	City State Zip Code Sioux Falls SD 57103-4640	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution to a Non Federal Candidate
	Name of Employer Occupation Physicians Laboratory, Ltd. Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Thomas Murphy	Date of Receipt MM / DD / YYYY 01 / 21 / 2009
	Mailing Address 2608 E. Slaten Park Cir.	Transaction ID: SA11AI.8493
	City State Zip Code Sioux Falls SD 57103-4640	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Federal Candidate
	Name of Employer Occupation N/A Medical Doctor's Spouse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.	Full Name (Last, First, Middle Initial) Mrs. Connie Schroeder	Date of Receipt MM / DD / YYYY 02 / 20 / 2009
	Mailing Address 410 N. Broadway Avenue	Transaction ID: SA11AI.8513
	City Miller State SD Zip Code 57362-1438	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Federal Candidate
Name of Employer	Occupation Medical Doctor's Spouse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Stephan Schroeder	Date of Receipt MM / DD / YYYY 02 / 20 / 2009
	Mailing Address 410 N. Broadway Avenue	Transaction ID: SA11AI.8512
	City Miller State SD Zip Code 57362-1438	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Federal Candidate
Name of Employer Hand County Clinic	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Raymond Sherman	Date of Receipt MM / DD / YYYY 06 / 02 / 2009
	Mailing Address 114 Doral Ln	Transaction ID: SA11AI.8622
	City Dakota Dunes State SD Zip Code 57049	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution to Non Fed Candidate
Name of Employer CNOS	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Gary Timmerman

Mailing Address 5200 S. Sweetbriar Circle

City State Zip Code
Sioux Falls SD 57108-2889

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Surgical Associates, Ltd. Medical Doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.8535

Amount of Each Receipt this Period

250.00

Contribution to Non Fed Candidate

B.

Full Name (Last, First, Middle Initial)

Mrs. Gena Timmerman

Mailing Address 5200 S. Sweetbriar Circle

City State Zip Code
Sioux Falls SD 57108-2889

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Medical Doctor's Spouse

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.8536

Amount of Each Receipt this Period

250.00

Contribution to Non Fed Candidate

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

8250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
South Dakota State Medical Association Political Action Committee (SDSMAPAC)

<p>A. Full Name (Last, First, Middle Initial) Dakotacare Design</p> <p>Mailing Address 2600 W. 49th St. Ste. 100</p> <p>City Sioux Falls State SD Zip Code 57105-6575</p> <p>Purpose of Disbursement Copy machine charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8635</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="464.11"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Quality Printing</p> <p>Mailing Address 116 West Main Street</p> <p>City Luverne State MN Zip Code 56156</p> <p>Purpose of Disbursement Operating supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8634</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="682.03"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) SDSMAPAC Education Fund</p> <p>Mailing Address 2600 W. 49th St. Ste. 200</p> <p>City Sioux Falls State SD Zip Code 57105-6575</p> <p>Purpose of Disbursement Transfer to pay operating expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8643</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Senate Republic Leadership

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Transaction ID: SB29.8641

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)