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605 336 0515 | 605 336 0812 (FAX) | 1 800 473 0271

MedXray PC
MEDICAL IMAGING AND RADIATION ONCOLOGY

March 27, 2010

FedEX Overnight

Radiologists
Valdis Dzintars, MD
Thomas Cink, MD
Thomas Masterson, MD
Andrew Soye, MD
Gary Farnestad, MD
Cameron Stokka, MD
Michael Kihne, MD
Randal Welter, MD
Thomas Free, MD
Patrick Nelson, MD
Brad Paulson, MD
Jeffery Baka, MD
Edward Czarnecki, MD
Susan Duffek, MD
Daniel Crosby, MD
D. Craig Rife, MD
Terry Yeager, MD
David Bean, MD
Josie Alpers, MD
Sabina Choudhry, MD
Charles Flohr, MD
Christopher Gregory, MD
Matthew Pardy, MD
Matthew Casey, MD
Matthew Helgeson, MD
Jonah Luzier, MD
Khalil Yousef, MD
Alan Tanner, MD
J. Joshua Plorde, MD
Phillip Benzmiller, MD

Radiation Oncologists
Kirsten Erickson, MD
Kathleen Schneekloth, MD
Steven McGraw, MD
Barbara Schlager, MD
Michael Grant, MD
Michele Corsini, MD

Outreach Radiologists
Wayne Panning, MD

Administration
Gerald Larson

Medical Physics
Jeff Masten, MS JD
Richard Massoth, PhD
Christina Plies Osmer, PhD (ABD)
Steve Moeckly, MS
Jamie Harris, MS

Federal Election Commission
999 E Street NW
Washington, DC 20463

Re: Form 1/Form 2 Filing

Gentlemen:

Enclosed for filing on behalf of Kevin Weiland and his campaign organization please find the executed original FEC Forms 1 and 2. If there are any questions regarding the details of the filing please feel free to contact me on my cell phone, (605) 415-1387. Otherwise the campaign staff and records custodian listed in the form will take matters from here.

Very truly yours,

Jeff Masten
Attorney at Law

JPM:jm
Enclosures
cc: Weiland, Staff

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

☐ (Check if name is changed)

Example: If typing, type over the lines.

`12FE4M5`

K E V I N   F O R   S O U T H   D A K O T A

ADDRESS (number and street)

P O S T   O F F I C E   B O X   1 6 9 3

☐ (Check if address is changed)

8 2 1   N   M A P L E

W A T E R T O W N   S D   5 7 2 0 1 -

CITY   STATE   ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

a c c o u n t i n g @ k e v i n w e i l a n d . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

w w w . k e v i n w e i l a n d . c o m

2. DATE   0 3 / 2 5 / 2 0 1 0

3. FEC IDENTIFICATION NUMBER   C

4. IS THIS STATEMENT   ■ NEW (N)   OR   ☐ AMENDED (A)

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

Type or Print Name of Treasurer   **MARVIN BUEHNER**

Signature of Treasurer _____   Date   0 3 / 2 6 / 2 0 1 0

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

(a) ■ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate `K E V I N   W E I L A N D`

Candidate Party Affiliation	`D E M`	Office Sought:	■ House	☐ Senate	☐ President	State	`S D`
						District	`A L`

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY   STATE   ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name `HELEN MAJUSIAK`

Mailing Address `821 N MAPLE`

`WATERTOWN`   `SD`   `57201`-

Title or Position   CITY   STATE   ZIP CODE

`ASSISTANT TREASURER`   Telephone number `605`-`884`-`0734`

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer `MARVIN BUEHNER`

Mailing Address `677 CATHEDRAL DRIVE`

`RAPID CITY`   `SD`   `57709`-

CITY   STATE   ZIP CODE

Title or Position

`TREASURER`   Telephone number `605`-`343`-`9224`

Full Name of
Designated
Agent H E L E N   M A J U S I A K

Mailing Address 8 2 1   N   M A P L E

W A T E R T O W N   S D   5 7 2 0 1 -

CITY   STATE   ZIP CODE

Title or Position

A S S I S T A N T   T R E A S U R E R   Telephone number 6 0 5 - 8 8 4 - 0 7 3 4

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

W E L L S   F A R G O   B A N K   N . A .

Mailing Address 2 0   N   M A P L E

W A T E R T O W N   S D   5 7 2 0 1 -

CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY   STATE   ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	**Date of Receipt**	
☐ USPS First Class Mail	**Postmarked**	
☐ USPS Registered/Certified	**Postmarked (R/C)**	
☐ USPS Priority Mail	**Postmarked**	
Delivery Confirmation™ or Signature Confirmation™ Label		☐
☐ USPS Express Mail	**Postmarked**	
☐ Postmark Illegible		
☐ No Postmark		
☑ Overnight Delivery Service (Specify): FedEx	**Shipping Date** 3/27/10	
Next Business Day Delivery	☑	
☐ Received from House Records & Registration Office	**Date of Receipt**	
☐ Received from Senate Public Records Office	**Date of Receipt**	
☐ Received from Electronic Filing Office	**Date of Receipt**	
☐ Other (Specify):	**Date of Receipt or Postmarked**	

Er

PREPARER

3/29/10

DATE PREPARED

(3/2005)