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INDEPENDENT EXPENDITURES for Communications Expressly Advocating

Who files this statement: SDCL 12-27-16 states that any **PERSON** or **ORGANIZATION** that makes a payment or promise of payment totaling **\$100.00 or more**, including an in-kind contribution, for a communication which expressly advocates for or against a candidate, public office holder, ballot question, or political party. SDCL 12-27-16 (6a-d) outlines what types of communications do not need to be reported on this form.

Deadline to file: Within 48 hours of the time that the communication is disseminated, broadcast, or otherwise published.

File with: The Secretary of State except local political committees file with their local election official.

Filed this 7th day of November 2016

Disclaimers for communications: follow SDCL 12-27-16 (1a-1d)

Shertel Krebs
SECRETARY OF STATE

Please print (all fields are required if applicable):

Take It Back, Org
Name of Individual or Organization

P.O. Box 2017, 1109 S. Phillips Ave., Sioux Falls, SD 57105
Complete Street Address, City and State

Richard P. Weiland Founder
Organization: name and title of person filing the report

SMML
Organization: name of person who authorized the expenditures on behalf of the organization

Organization: name of Chief Executive (if any)

List the **NAME** of each candidate, public office holder, ballot question, or political party mentioned or identified in each communication, the **AMOUNT SPENT** on each communication, and a **DESCRIPTION** of the content of each communication. * Please include extra sheets if more space is needed.

NAME	DESCRIPTION	AMOUNT SPENT
Amendment T	Face Book Video	633.33
Amendment V	Face Book Video	633.33
IM 22	Face Book Video	633.33

Additional information for an ORGANIZATION to report:

(1) For an organization whose majority ownership is owned by, controlled by, held for the benefit of, or comprised of twenty or fewer persons, partners, owners, trustees, beneficiaries, participants, members, or shareholders, the statement shall identify by name and address each person, partner, owner, trustee, beneficiary, participant, shareholder, or member who owns, controls, or comprises ten percent or more of the organization. (SDCL 12-27-16(4))

Name	Street Address, City, State and Zip Code

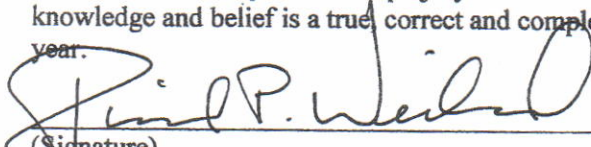
* Please include extra sheets if more space is needed.

(2) An organization shall also provide supplemental statements, for any of its partners, owners, trustees, beneficiaries, participants, members, or shareholders identified pursuant to (1) above, which are owned by, controlled by, held for the benefit of, or comprised of twenty or fewer persons, partners, owners, trustees, beneficiaries, participants, members, or shareholders, until no organization identified in the supplemental statements meets the ownership test set forth above. (SDCL 12-27-16(5))

Name	Street Address, City, State and Zip Code

* Please include extra sheets if more space is needed

I declare under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of my financial interests for the preceding calendar year.



 (Signature)

11/7/16

 (Date)