

Meeting Notice
SOUTH DAKOTA ATHLETIC COMMISSION
Via Teleconference
January 31, 2020 12:00 p.m. CST

Proposed Agenda

- A. Call to Order
- B. Approval of the Agenda
- C. Open Forum: 5 minutes for the public to address the Commission
- D. Approval of Meeting Minutes of October 25, 2019
- E. Financial Report as of December 31, 2019
- F. Old Business
 - 1) Contestant Medical Form Revisions
- G. New Business
 - 1) Request for MMA Event by Legacy Fighting Alliance - April 17, 2020 (Sioux Falls)
 - 2) Request for MMA Event by Knockout Events – June 4, 2020 (Huron)
 - 3) Request for MMA Event by Knockout Events – TBD (Flandreau)
 - 4) 2020 SD USA Amateur Boxing Exemption Application
- H. Other Business
 - 1) 2020 Commission Proposed Meeting Schedule
 - April 17, 2020 (Sioux Falls)
 - July 24, 2020 (Conference Call)
 - October 23, 2020 (Pierre)
- I. Announcements
- J. Next Meeting: April 17, 2020 (Sioux Falls)
- K. Adjourn

Meeting Minutes
SOUTH DAKOTA ATHLETIC COMMISSION
Via Teleconference
October 25, 2019 12:00 p.m. Central

Chairman Kilmer called the meeting to order at 12: 05p.m. Stalley called the roll. A quorum was present.

Members Present via Telephone: Mike Kilmer, Lee Lohff, Richard Little, and Margaret Gillespie

Members Absent: Verle Valentine

Others Present via Telephone: Jennifer Stalley, executive secretary, and Amber Mulder, Department of Labor Legal Counsel

Little made a motion to approve the agenda. Gillespie seconded the motion. The Commission voted by roll call. Kilmer, Gillespie and Little voted aye. Lohff was absent. **MOTION PASSED.**

Kilmer asked for any public comments. There were no comments offered.

Kilmer deferred action on the April 26, 2019 meeting minutes to later in the meeting.

Little made a motion to accept the September 30, 2019 financial report. Gillespie seconded the motion. The Commission voted by roll call. Kilmer, Gillespie and Little voted aye. Lohff was absent. **MOTION PASSED.**

Stalley provided the Commission with an updated contestant medical form. The Commission discussed additional revisions for the form and instructed Stalley to present an updated draft of the contestant medical form reflecting these further revisions at the next meeting.

Stalley informed the Commission that no requests for reimbursement or ticket refunds related to BOX 2019-02 were received by the Commission within 90 days of the event. The promoter may be issued a refund of partial event application fees based on Commission direction on April 26, 2019.

Lohff made a motion to approve the event request by Team Certified Sports, LLC for a professional boxing event on August 7, 2020 in Sturgis, South Dakota on the condition the promoter submits an application for a 2020 promoter's license and pays all required fees for such license and the fees for an event application; provides the Commission with proof of a line of credit in an amount of at least \$20,000; agrees to the Commission's method of determining the final event fee; and complies with all rules, regulations and deadlines of the Commission. Little seconded the motion. The Commission voted by roll call. Lohff, Gillespie and Little voted aye. Kilmer abstained. **MOTION PASSED.**

Kilmer reverted to the approval of the meeting minutes of April 26, 2019 on the agenda.

Gillespie made a motion to approve the April 26, 2019 meeting minutes. Lohff seconded the motion. The Commission voted by roll call. Kilmer, Lohff, Gillespie and Little voted aye. **MOTION PASSED.**

Lohff made a motion to elect Kilmer as Chair of the Commission for a one-year term. Gillespie seconded the motion. There were no other nominations. The Commission voted by roll call. Kilmer, Lohff, Gillespie and Little voted aye. **MOTION PASSED.**

Gillespie made a motion to elect Lee Lohff as Vice Chair of the Commission for a one-year term. Little seconded the motion. There were no other nominations. The Commission voted by roll call. Kilmer, Lohff, Gillespie and Little voted aye. **MOTION PASSED.**

Gillespie made a motion to elect Little as Secretary of the Commission for a one-year term. Lohff seconded the motion. There were no other nominations. The Commission voted by roll call. Kilmer, Lohff, Gillespie and Little voted aye. **MOTION PASSED.**

Kilmer noted the next Commission meeting is scheduled for January 31, 2020 via teleconference.

There being no other business before the Commission, Kilmer adjourned the meeting at 12:42 pm.

Respectfully Submitted,

Richard Little, Secretary

BA1409R1

STATE OF SOUTH DAKOTA
CASH CENTER BALANCES
AS OF: 12/31/2019

AGENCY: 10 LABOR & REGULATION
BUDGET UNIT: 1039 SOUTH DAKOTA ATHLETIC COMMISSION

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	1039000887	1140000	144,402.43	DR	BOXING COMMISSION FUND
COMPANY/SOURCE TOTAL 6503 887			144,402.43	DR *	
COMP/BUDG UNIT TOTAL 6503 1039			144,402.43	DR **	
BUDGET UNIT TOTAL 1039			144,402.43	DR ***	

STATE OF SOUTH DAKOTA
 REVENUE SUMMARY BY BUDGET UNIT
 FOR PERIOD ENDING: 12/31/2019

AGENCY BUDGET UNIT	10 1039	LABOR & REGULATION SOUTH DAKOTA ATHLETIC COMMISSION	CURRENT MONTH	YEAR-TO-DATE
CENTER	COMP	ACCOUNT	DESCRIPTION	
COMPANY NO 6503				
COMPANY NAME PROFESSIONAL & LICENSING BOARDS				
1039000887	6503	4299087	AMATEUR EXEMPTION FEE	100.00
ACCT: 4299			OTHER LIC, PRMTS, & FEES (NON-GOVERNMENTAL)	100.00
ACCT: 42			LICENSES, PERMITS & FEES	100.00
1039000887	6503	4920045	NONOPERATING REVENUES	3,238.00
ACCT: 4920			NONOPERATING REVENUE	.00
1039000887	6503	4950000	REFUND OF PRIOR YEARS EXP	3,238.00
ACCT: 4950			REFUND OF PRIOR YEARS EXPENDITURES	.05
ACCT: 49			OTHER REVENUE	.00
CNTR: 1039000887				3,238.05
COMP: 6503				3,338.05
B UNIT: 1039				3,338.05

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STATE OF SOUTH DAKOTA
MONTHLY OBJECT/SUB-OBJECT REPORT BY BUDGET UNIT
FOR PERIOD ENDING: 12/31/2019

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AGENCY BUDGET CENTER-5	UNIT 10390	LABOR & REGULATION SOUTH DAKOTA ATHLETIC COMMISSION SD ATHLETIC COMMISSION	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO 6503 PROFESSIONAL & LICENSING BOARDS								
1039000887	6503	51010100	F-T EMP SAL & WAGES			.00	45.94	
1039000887	6503	51010300	BOARD & COMM MBRS FEES			.00	240.00	
ACCT: 5101 EMPLOYEE SALARIES								
1039000887	6503	51020100	OASI-EMPLOYER'S SHARE			.00	285.94	
1039000887	6503	51020200	RETIREMENT-ER SHARE			.00	21.84	
1039000887	6503	51020600	HEALTH/LIFE INS.-ER SHARE			.00	2.74	
1039000887	6503	51020800	WORKER'S COMPENSATION			.00	5.50	
1039000887	6503	51020900	UNEMPLOYMENT COMPENSATION			.00	.11	
ACCT: 5102 EMPLOYEE BENEFITS								
1039000887	6503	52040900	MANAGEMENT CONSULTANT			.00	30.23	
1039000887	6503	52042000	CENTRAL SERVICES			.00	316.17	
1039000887	6503	52049600	OTHER CONTRACTUAL SERVICE			.00	7,583.75	
ACCT: 5204 CONTRACTUAL SERVICES								
1039000887	6503	52050280	OFFICE SUPPLIES			.00	10,593.94	
1039000887	6503	52053500	POSTAGE			.00	284.72	
ACCT: 5205 SUPPLIES & MATERIALS								
1039000887	6503	5228000	OPER TRANS OUT -NON BUDGT			.00	302.57	
ACCT: 5228 NONOP EXP/NONBGTD OP TR								
1039000887	6503	5228000	OPERATING EXPENSES			14.89	15.65	
COMP: 6503 PROFESSIONAL & LICENSING BOARDS								
CENTER: 1039000887							1,204.36	11,228.33
B UNIT: 1039							1,204.36	11,228.33

STATE OF SOUTH DAKOTA
MONTHLY EXPENDITURE REPORT
FOR PERIOD ENDING: 12/31/2019

AGENCY UNIT 10 LABOR & REGULATION
BUDGET UNIT 1039 SOUTH DAKOTA ATHLETIC COMMISSION
CENTER-5 10390 SD ATHLETIC COMMISSION

COMP	CENTER	ACCOUNT	DOCUMENT NUMBER	POSTING DATE	JV APPL # OR PAYMENT #	SHORT NAME	VENDOR NUMBER	VENDOR GROUP	AMOUNT	DR/CR
6503	1039000887	5204900	20-1000-005 1453	12/06/2019	00620608	MIDWESTSOL	12199902		1,025.00	DR
OBJSUB: 5204090 MANAGEMENT CONSULTANT										
6503 1039000887 52042000 PLO11067 12/11/2019										
OBJSUB: 5204200 CENTRAL SERVICES										
6503 1039000887 52049600 20-1000-005 1453 12/06/2019 00620608 MIDWESTSOL 12199902										
OBJSUB: 5204960 OTHER CONTRACTUAL SERVICE										
6503 1039000887 5228000 T100-080 12/04/2019										
OBJSUB: 5228000 OPER TRANS OUT -NON BUDGT										
OBJSUB: 5228 GROUP: 52 NONOP EXP/NONBGTD OP TR										
COMP: 6503 OPERATING EXPENSES										
CNTR: 1039000887										
B. UNIT: 1039										

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AVAILABLE FUNDS MONTHLY PAGE 179
AS OF: 12/31/2019
FY YEAR REMAINING: 49.9%
PAY DAYS REMAINING: 12
DATE 01/04/2020

CENTER NAME	ORIGINAL APPROPRIATION	APPROPRIATION TRANSFERS	YEAR-TO-DATE COMMITMENTS	YEAR-TO-DATE ENCUMBRANCES	YEAR-TO-DATE EXPENDITURES	AVAILABLE APPROPRIATIONS	CASH BALANCE
SOUTH DAKOTA ATHLETIC COMMISSION	58,731.00	0.00	0.00	39,346.42	11,212.68	8,171.90	144,402.43
BUDGETED TOT	58,731.00	0.00	0.00	39,346.42	11,212.68	8,171.90	
ALL COMP TOT	58,731.00	0.00	0.00	39,346.42	11,212.68	8,171.90	
TOTAL BUDGETED:							

OBJECT OF EXPENDITURE	AMOUNT BUDGETED	COMMITMENTS YEAR-TO-DATE	ENCUMBRANCES YEAR-TO-DATE	MONTHLY EXPENDITURES YEAR-TO-DATE	BUDGET AVAILABLE	PCT AVL
5101 EMPLOYEE SALARIES	9,463.00	0.00	0.00	0.00	285.94	97.0
5102 EMPLOYEE BENEFITS	1,550.00	0.00	0.00	0.00	30.23	98.0
5203 TRAVEL	3,877.00	0.00	0.00	0.00	3,877.00	100.0
5204 CONTRACTUAL SVCS	42,741.00	0.00	39,346.42	1,189.47	7,199.36	0.0
5205 SUPPLIES & MATRIS	1,100.00	0.00	0.00	0.00	302.57	72.5
TOTALS	58,731.00	0.00	39,346.42	1,189.47	11,212.68	13.9

BREAKOUT BY COMPANY:

COMPANY	PROFESSIONAL & LICENSING BOARDS	AMOUNT BUDGETED	COMMITMENTS YEAR-TO-DATE	ENCUMBRANCES YEAR-TO-DATE	MONTHLY EXPENDITURES YEAR-TO-DATE	BUDGET AVAILABLE	PCT AVL
COMPANY 6503-I	PROFESSIONAL & LICENSING BOARDS	58,731.00	0.00	39,346.42	1,189.47	11,212.68	13.9
5101000 EMPLOYEE SALARIES		9,463.00	0.00	0.00	0.00	285.94	97.0
5102000 EMPLOYEE BENEFITS		1,550.00	0.00	0.00	0.00	30.23	98.0
5203000 TRAVEL		3,877.00	0.00	0.00	0.00	3,877.00	100.0
5204000 CONTRACTUAL SVCS		42,741.00	0.00	39,346.42	1,189.47	7,199.36	0.0
5205000 SUPPLIES & MATRIS		1,100.00	0.00	0.00	0.00	302.57	72.5
PS SUBTOTALS		11,013.00	0.00	0.00	0.00	316.17	97.1
OE SUBTOTALS		47,718.00	0.00	39,346.42	1,189.47	10,896.51	0.0
COMPANY 6503-I TOT		58,731.00	0.00	39,346.42	1,189.47	11,212.68	13.9



South Dakota Athletic Commission
P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340

Ph: 605.224.1721 Fax: 1.888.425.3032

Email: SDAC@midwestsolutionsd.com www.dlr.sd.gov/bdcomm/athletic

PHYSICAL FORM

TO BE COMPLETED BY FIGHTER/REFEREE:

Name			Date of Last Fight Physical
Age	Height	Weight	Record: Wins _____ Losses _____ Draws _____
Please list the name, address, and telephone number of a person to contact in case of an emergency:			
Date of Last Eye Exam		Results of blood tests provided? _____ Yes _____ No	
1. Have you ever been knocked unconscious? If Yes , list date _____ Yes _____ No 2. Have you had any serious bone or joint injuries? If Yes , list _____ Yes _____ No 3. Have you ever had a concussion or head injury? If Yes , when _____ Yes _____ No 4. Have you ever passed out during exercise? If Yes , when _____ Yes _____ No 5. Are you currently being treated for any illness? If Yes , list _____ Yes _____ No 6. Are you currently taking any medication(s) on a regular basis? If Yes , list _____ Yes _____ No 7. Have you ever been treated for any serious illness or surgery? If Yes , list _____ Yes _____ No 8. Are you allergic to any over-the-counter or prescription medication(s)? If Yes , list _____ Yes _____ No 9. Are you currently under suspension by any state for fighting? If Yes , list _____ Yes _____ No 10. Have you ever suffered a cerebral hemorrhage of any kind? If Yes , list date _____ Yes _____ No 11. FOR WOMEN ONLY: Are you pregnant? _____ Yes _____ No Any Previous Pregnancy? If so, any serious pregnancy related problems? If Yes , list _____ Yes _____ No Any abnormal vaginal bleeding of undetermined causes? (Etiology) If Yes , explain _____ Yes _____ No Any recent loss of menstrual period? (Secondary Amenorrhea) If Yes , explain _____ Yes _____ No Any recently developed breast mass? If Yes , explain _____ Yes _____ No Any recent breast dysfunction previously not present? If Yes , explain _____ Yes _____ No			

I hereby certify by signing this form that I have read and understand the above questions and statements and that the answers given are my own and are true.

Fighter Signature

Date

(Back to be completed by Physician)

Fighter/Referee Name

TO BE COMPLETED BY PHYSICIAN

PRE-CONTEST PHYSICAL EXAM

POST-CONTEST PHYSICAL EXAM

BLOOD PRESSURE:	PULSE:		
GENERAL APPEARANCE: <input type="checkbox"/> Well Groomed <input type="checkbox"/> Well Nourished/Hydrated Other _____		GENERAL APPEARANCE:	
EYES: <input type="checkbox"/> Pupils Equal Round Reactive Other _____		EYES: _____ No change/injury Other _____	
EARS: <input type="checkbox"/> Auricles Normal <input type="checkbox"/> Tympanic _____ Other _____ <input type="checkbox"/> Membranes Normal _____ Other _____ <input type="checkbox"/> Hearing Acceptable _____ Other _____		EARS: _____ No change/injury Other _____	
NOSE: <input type="checkbox"/> Normal _____ Others _____		NOSE: _____ No change/injury Other _____	
MOUTH/ THROAT: _____ <input type="checkbox"/> Dentition Acceptable <input type="checkbox"/> Other _____		MOUTH/ THROAT: _____ No change/injury Other _____	
LUNGS: _____ <input type="checkbox"/> Clear to auscultation <input type="checkbox"/> Other _____		LUNGS: _____ No change/injury Other _____	
HEART: _____ <input type="checkbox"/> Regular Rate and Rhythm <input type="checkbox"/> No Murmur <input type="checkbox"/> Other _____		HEART: _____ No change Other _____	
ABDOMEN: _____ <input type="checkbox"/> No Tenderness <input type="checkbox"/> No hepto or splenomegally <input type="checkbox"/> Other _____		ABDOMEN: _____ No tenderness/injury Other _____	
NEUROLOGIC: _____ <input type="checkbox"/> Alert, Oriented, Appropriate <input type="checkbox"/> Strength Symmetric <input type="checkbox"/> Coordination Normal <input type="checkbox"/> Other _____		NEUROLOGIC: _____ No change/injury Concussion _____ Other _____	
DERMATOLOGIC: _____ <input type="checkbox"/> No rashes <input type="checkbox"/> No conspicuous piercings <input type="checkbox"/> Other _____		DERMATOLOGIC: _____ No change/injury Contusion(s) _____ Abrasion(s) _____ Laceration(s) _____ Other _____	
ORTHOPEDIC: _____ <input type="checkbox"/> Hands <input type="checkbox"/> Other _____		ORTHOPEDIC: _____ No Change/injury Other _____	

I have examined the above individual and find him/her in _____ satisfactory _____ unsatisfactory condition to compete/referee.

Physician Signature

Date

Recommended Suspension:
 ___ 7 days ___ 30 days ___ 45 days ___ 60 days ___ Other
 (a minimum of 7 days is required for each fighter, regardless of fight result)
 I have examined the above individual after the bout.

Physician Signature

Date