

OFFICE OF THE GOVERNOR

KRISTI NOEM | GOVERNOR

May 1, 2023

The Honorable Larry Rhoden President of the Senate State Capitol Pierre, SD 57501

Dear President and Members of the Senate:

Pursuant to the provisions of Chapter 13-49 of the South Dakota Codified Laws and subject to your consent, I have the honor to inform you that I have appointed James Lochner, Union County, Dakota Dunes, South Dakota, to the State Board of Regents.

This appointment is effective April 19, 2023, and shall continue until March 31, 2027.

Sincerely,

Kristi Noem Governor

kn:mw



OFFICE OF THE GOVERNOR

KRISTI NOEM | GOVERNOR

May 1, 2023

James Lochner 23 Spanish Day Dakota Dunes, SD 57049

Dear James,

I have the honor to inform you that Governor Kristi Noem has appointed you to the State Board of Regents pursuant to Chapter 13-49 of the South Dakota Codified Laws. Your appointment is effective April 19, 2023 and shall continue until March 31, 2027.

Please complete the enclosed oath of office, have your signature notarized, and return the documents in the enclosed, self-addressed envelope at your earliest convenience.

Your service to the citizens of this state is appreciated.

Sincerely,

Buffer J. Konti

Ben Koisti

Boards and Commissions

Office of the Governor

Enclosure



OFFICE OF THE GOVERNOR

KRISTI NOEM | GOVERNOR

May 1, 2023

The Honorable Monae L. Johnson Secretary of State State Capitol Pierre, SD 57501

Dear Secretary Johnson,

Pursuant to the provisions of Chapter 13-49 of the South Dakota Codified Laws, I am honored to inform you that Governor Kristi Noem has appointed James Lochner, Union County, Dakota Dunes, South Dakota, to the State Board of Regents. This appointment will serve as a replacement for Tonnis Venhuizen.

This appointment is effective April 19, 2023 and shall continue until March 31, 2027.

You are hereby authorized to issue a commission accordingly.

Sincerely,

Ben Koisti

Boards and Commissions

Office of the Governor

State of South Dakota)
County of Union) SS)
I, James Lochner, do solemnly s United States and the Constitution of the discharge the duties of a member of the	ewear that I will support the Constitution of the ne State of South Dakota and that I will faithfully e State Board of Regents.
Dated this day of _	May , 2023.
Jame	Mochne s Lochner
,	
Subscribed and sworn to before me this	
5th day of May	, 2023.
(Seal)	MARIAM HESS AL NOTARY PUBLIC SEAL
Notary	SOUTH DAKOTA
My Commission Expires:	
11-18-2027	

Executive Appointment Senate Confirmation Information

Name:				
James Lochner				
Address:				
23 Spanish Day Dakota Dunes, SD 5704				
Home Phone:	Office Phone:			
(605)-422-0465				
1. Do you serve on any other state board or commission? (If yes, please list.)				
NO				
2. Reason for vacancy:				
Term limited				
3. This appointee replaces:				
Tonnis Venhuizen				
4. Statutory requirement for the composition of t	his board or commission:			
5. Statutory requirement for this appointment:				
	i I (i i i i i i i i i i i i i i i i i			
6. Educational background. (Specify any degrees or special training you have received including the dates and institutions from which degrees have been awarded.)				
0 < 1974 1 = 1000 1 of 11) to	ment Animal Science			
Ms 1976 university of Wis	consin meat & Animal Science consin meat & Animal Science			
Plana	include the name of your employer(s) and			
7. Occupation(s) for the past ten years. Please include the name of your employer(s) and the description of your duties.				
the description of your duties. Tysan Foods Chief operating officer 2009-2014				
Retired 2014				
Harrows apprational and technical support areas				
Retired 2014 Various operational and technical support awas IBP/Tyson Foods				
Staff / Instructor Univers	ity of Wisconsin 1979-1982			

8.	Background a	and expe	rience	in t	he	area	of	appointme	nt.

SB 55 Task Force Various Boards and Trado Associations Extensive Business Experience

9. Please state your interest in this appointment. For example, what would you like to see accomplished?

To insure the university system in south dateoty are providing high quality edecation at an affordable cost to fill the purployment seems also and educational needs across the state and matrin.

10. Are you a registered lobbyist? If so, for whom?

No

11. Other members of the board or commission:

A member list will be provided to the Senate



Conflict of Interest

ELECTED OFFICIAL

Statement of Financial Interest

Deadline to file: Within 15 days after the person assumes office.

File with: The SECRETARY OF STATE except local candidates file with the office where they file their oath of office.

<u>Elected Officials who file:</u> State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice <u>SDCL 3-1A-2</u>);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation <u>SDCL 3-1A-3</u>.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality <u>SDCL 3-1A-4</u>)

Please print: Full Name James V Lochner						
Complete Address 23	Spanish Breeg Dakota	Dunes SD 57049				
Office (list District number if applicable)						
What is your occupation/pro	What is your occupation/profession? Rotived Exacutive					
Office (list District number if applicable) What is your occupation/profession? **If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and sign and date below. NO Changes						
List any source of funds (business or economic relationship) which contributes more than 10% of or more than \$2,000 to your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) controls more than 10% of the capital or stock. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1) *The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.						
Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)				
None	NONY	None				
	·					
	•	yself and my immediate family's financial				
(Signature)	(Date)	5. 23				
COUTH DAY	OTA STORETARY OF STATE & ATTENTION ELECTIONS & 500	F. Canital Ave a Pierre SD 57501				