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Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Friends of John Thune

ADDRESS (number and street) PO Box 841
 (Check if address is changed)
Sioux Falls SD 57101
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) friends@johnthune.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) www.johnthune.com

2. DATE 03 / 04 / 2016

3. FEC IDENTIFICATION NUMBER C00409581

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 Barb Buell, Deputy Treasurer
Signature of Treasurer *Barb Buell* Date 03 / 05 / 2016

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 06/2012)

201603180200083893

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 John R. Thune

Candidate Party Affiliation REP Dem Ind Other

Office Sought: House Senate President

State AL AK AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49

- (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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

201603180200083894

Write or Type Committee Name

Friends of John Thune

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

2015 Senators' Classic Committee

Mailing Address: 228 S Washington St Ste 115
 Alexandria VA 22314-5404
 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: Barb Buell
 Mailing Address: 1911 W 57th St
 Ste 102
 Sioux Falls SD 57108-2710
 CITY STATE ZIP CODE
 Title or Position: Custodian of Records Telephone number: 605-221-1010

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: Cynthia Mickelson
 Mailing Address: 1911 W 57th St
 Ste 102
 Sioux Falls SD 57108-2710
 CITY STATE ZIP CODE
 Title or Position: Treasurer Telephone number: 605-221-1010

201603180200083895

Full Name of Designated Agent **Barb Buell**

Mailing Address **1911 W 57th St**
Ste 102
Sioux Falls **SD** **57108-2710**
CITY STATE ZIP CODE

Title or Position Designated Agent Telephone number **605** - **221** - **1010**

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.

BB&T

Mailing Address **1909 K St NW**
Washington **DC** **20006**
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Great Western Bank

Mailing Address **200 East 10th St**
Sioux Falls **SD** **57104**
CITY STATE ZIP CODE

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

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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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Investment Centers of America

Mailing Address

5555 Grande Market Dr

Appleton

WI

54913

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Safeguard the Majority Fund

Mailing Address

228 S Washington St Ste 115

Alexandria

VA

22314-5404

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Schwab Institutional
Mailing Address 3133 East Camel Back Road
Phoenix AZ 85016
CITY STATE ZIP CODE

[ADDITIONAL]

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

Retain The Senate 2016

Mailing Address 901 N Washington St Ste 700
Alexandria VA 22314-1535
CITY STATE ZIP CODE

Relationship:

- Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name
Mailing Address
Title or Position CITY STATE ZIP CODE

Telephone number

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number C

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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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Steadfast REIT Investments LLC

Mailing Address

PO Box 219097

Kansas City MO 64121-9097

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Ayotte-Portman-Thune Committee

Mailing Address

228 S Washington St Ste 115

Alexandria VA 22314-5404

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

- - -

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C

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FORM 1S - STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

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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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Good Neighbor Committee

Mailing Address

228 S Washington St Ste 115

Alexandria

VA

22314-5404

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C

201603180200083900

Extremely Urgent

FedEx Ship Manager - Print Your Label(s)

ORIGIN ID: FSDA
BARB BUELL (605) 221-1010
FRIENDS OF JOHN THUNE
1911 W 57TH ST
STE 102
SIOUX FALLS, SD 57108
UNITED STATES US

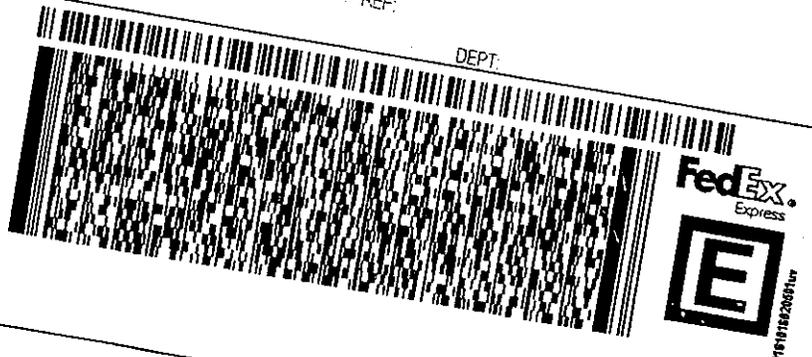
SHIP DATE: 15 MAR 16
ACTWGT: 0.50 LB
CAD: 3464046/INET3730

BILL SENDER

TO DANA K MCCALLUM
SENATE OFFICE OF PUBLIC RECORDS
232 HART SENATE OFFICE BLDG

WASHINGTON DC 20510
(202) 224-0322 REF:
INV. PO. DEPT:

540J11CF347Z7F



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Post Office

201603180200083901

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	3/15/16	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

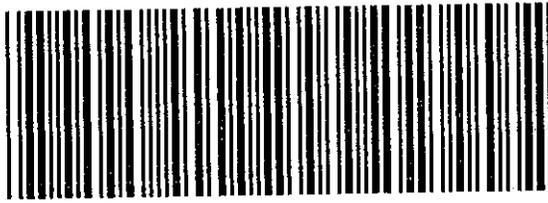
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

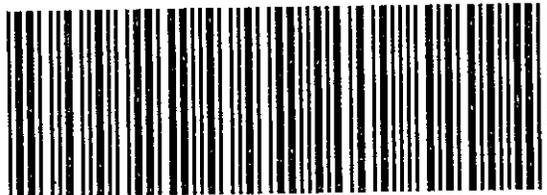
OTHER _____
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **3/18/16**

201603180200083902



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