

Image# 202208239528160018

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Thune, John, R., ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 1601 E 69th St Ste 300		2. Candidate's FEC Identification Number S2SD00068
(c) City, State, and ZIP Code Sioux Falls SD 57108-8322		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate SD 00

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of John Thune		
(b) Address (number and street) PO Box 841		
(c) City, State, and ZIP Code Sioux Falls SD 57101		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Tillis and Colleagues Victory Committee		
(b) Address (number and street) 228 S Washington St Ste 115		
(c) City, State, and ZIP Code Alexandria VA 22314-5404		

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

Signature of Candidate Thune, John, R., ,  <i>[Electronically Filed]</i>	Date 08/23/2022
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Team McConnell

(b) Address (number and street)

228 S Washington St  
Ste 115

(c) City, State, and ZIP Code

Alexandria VA 22314-5404

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Heartland Values PAC

(b) Address (number and street)

PO Box 505

(c) City, State, and ZIP Code

Sioux Falls SD 57101

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2022 Senators Classic Committee

(b) Address (number and street)

228 S Washington St  
Ste 115

(c) City, State, and ZIP Code

Alexandria VA 22314-5404

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Cornyn Victory Committee

(b) Address (number and street)

PO Box 13026

(c) City, State, and ZIP Code

Austin TX 78711-3026

Optional Supplemental Page for Designation  
of Additional Authorized Committees

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Thune Victory Committee

(b) Address (number and street)

PO Box 9891

(c) City, State, and ZIP Code

Arlington

VA

22219-1891

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Thune Young Victory

(b) Address (number and street)

228 S Washington St

Ste 115

(c) City, State, and ZIP Code

Alexandria

VA

22314-5404

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

John Thune Victory Committee

(b) Address (number and street)

228 S Washington St

Ste 115

(c) City, State, and ZIP Code

Alexandria

VA

22314-5404

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Commonsense, Conservative Values PAC

(b) Address (number and street)

PO Box 504

(c) City, State, and ZIP Code

Sioux Falls

SD

57101-0504

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Friends of Mitt JFC

(b) Address (number and street)

138 Conant St 2nd Flr  
C/O Red Curve Solutions

(c) City, State, and ZIP Code

Beverly

MA

01915-1666

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Take Back the Senate

(b) Address (number and street)

425 2nd St NE

(c) City, State, and ZIP Code

Washington

DC

20002-4914

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code