

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 45 OF 126	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of John Thune

Full Name (Last, First, Middle Initial) A. Brost, Frank, D, ,			Date of Receipt MM / DD / YYYY 02 / 03 / 2017	
Mailing Address PO Box 88937			Transaction ID : A2A8C8E2C257C4CC2953	
City Sioux Falls	State SD	Zip Code 57109-8937	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired		Occupation Attorney		
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Hitchcock, Frederick, E, , Jr			Date of Receipt MM / DD / YYYY 03 / 31 / 2017	
Mailing Address 9101 Alta Dr #1702			Transaction ID : AAB28553C8A2843ED9D3	
City Las Vegas	State NV	Zip Code 89145-8545	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Hitchcock Automotive		Occupation Auto Dealer		
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) C. Lantis-Soulele, Wendy, , ,			Date of Receipt MM / DD / YYYY 02 / 10 / 2017	
Mailing Address PO Box 699			Transaction ID : AF87185CFE3604E8A900	
City Spearfish	State SD	Zip Code 57783-0699	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Lantis Enterprises, Inc		Occupation Physical Therapy		
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....