

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends of John Thune				
ADDRESS (number and street) PO Box 841				
CITY Sioux Falls	STATE SD	ZIP CODE 57101		
2. NAME OF CANDIDATE Thune, John, R., ,		3. OFFICE SOUGHT (State and District) Senate SD		4. FEC IDENTIFICATION NUMBER C00409581
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				

A. FULL NAME Wakefield, Gayle, S, ,			Name of Employer National Care System Inc	Date (month, day, year) 10/26/2022	Amount 1000.00
MAILING ADDRESS 7677 Camden Harbour Dr			Transaction ID : 61CD6FD34AFE1462		
CITY Bradenton	STATE FL	ZIP CODE 34212-9305	Occupation Business Owner		
B. FULL NAME Cader, Josephine, , ,			Name of Employer Retired	Date (month, day, year) 10/26/2022	Amount 1500.00
MAILING ADDRESS 270 Creekmore Pl			Transaction ID : 63B9AB199DCAC424		
CITY Richmond	STATE VA	ZIP CODE 23238-7100	Occupation Retired		
C. FULL NAME Brown, Gary, L, ,			Name of Employer Self-employed	Date (month, day, year) 10/26/2022	Amount 1500.00
MAILING ADDRESS 4825 Enchanted Pines Dr			Transaction ID : 6B1BDBA4CD2F14E6		
CITY Rapid City	STATE SD	ZIP CODE 57701-9206	Occupation Pharmacy, Rentals		
D. FULL NAME Reiter, Steven, J, , MD			Name of Employer Integris Cardiovascular Physicians	Date (month, day, year) 10/26/2022	Amount 1000.00
MAILING ADDRESS 14728 Hollyhock Dr			Transaction ID : 677201B9180874A551		
CITY Oklahoma City	STATE OK	ZIP CODE 73142-1804	Occupation Physician		
E. FULL NAME Take Back the Senate			Name of Employer	Date (month, day, year) 10/26/2022	Amount 8082.05
MAILING ADDRESS 425 2nd St NE			Transaction ID : 64BC12CE915F5493C		
CITY Washington	STATE DC	ZIP CODE 20002-4914	Occupation		
SIGNATURE (optional) Buell, Barb Dep Treasurer, , ,			DATE 10/27/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	
<i>[Electronically Filed]</i>					

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE American Hospital Association PAC 800 10th St NW Two CityCenter Ste 400 Washington DC 20001-5188			
Name of Employer Retired		Date (month, day, year) 10/27/2022	Amount 5000.00
Transaction ID : 68A6D42BAC8AF45D7AD Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Tschetter, Ronald, A, , 22907 Flume Ln Rapid City SD 57702-8509			
Name of Employer Retired		Date (month, day, year) 10/27/2022	Amount 1000.00
Transaction ID : 643FF83B862B243F6B6C Occupation Retired			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Scriver, Jerry, L, , 6609 Sun Ridge Rd Rapid City SD 57702-2829			
Name of Employer Self		Date (month, day, year) 10/27/2022	Amount 1000.00
Transaction ID : 69FF3D481F3B24D10B73 Occupation Business Owner			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Swenson, Todd, A, , 38770 235th St Wessington Springs SD 57382-6312			
Name of Employer Self		Date (month, day, year) 10/27/2022	Amount 1000.00
Transaction ID : 663F777645AE94D20B8F Occupation Trucking Business			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Mehlman, Kenneth, B, , 1345 Avenue of the Americas c/o KKR Financial Services New York NY 10105-0302			
Name of Employer KKR		Date (month, day, year) 10/27/2022	Amount 2900.00
Transaction ID : 6835978D3F35C40E0AAC Occupation Head of Global Public Affairs			

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Shafai, Hani, F, , 8669 Countryside Blvd Rapid City SD 57702-9511	Name of Employer Dream Design Internationa Transaction ID : 62C1DE54FAE9B4BF393F Occupation Engineer	Date (month, day, year) 10/27/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount