(Revised 06/2012)

Only

STATEMENT OF

PAGE 1 / 11 =

FEC FORM 1			RGANI							Office	Use O	nlv			
1. NAME OF COMMITTEE (ir	n full)		Check if name changed)		nple:If typin the lines.	g, type	12	FE4	:М5	Onice	1	iiy			
Friends of .															
ADDRESS (number a	nd street)	PO Box 8	41												
(Check if a is changed															
, and the second	,	Sioux Fa					SI		_5	57101-			L		
		CIT	ΓY ▲				STA	ATE 🛦			Z	IP C	ODE A	k	
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if a is changed		bbuell@)johnthune.c	om 											
· ·	,	Optional	Second E-Mail	Address											
(Check if a is changed	address d)	www.john	thune.com												
2. DATE 1	M / D 1		Y Y Y 2021												
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	C0040958 ²	1										
4. IS THIS STATEM	MENT X	NEW	(N) OR		AMENI	DED (A)									
I certify that I have e	examined th	is Statemer	nt and to the b	est of my k	nowledge a	nd belief i	t is tru	e, cor	rect a	ınd co	mplete	∍.			
Type or Print Name	of Treasurer	Buell, Ba	rb Dep Treasure	r, , ,											
Signature of Treasure	er <i>Buell</i> ,	Barb Dep Tro	easurer, , ,		[Electronicall	y Filed]	Date		M M M	′ [12	′	202		Υ
NOTE: Submission of			omplete informati GE IN INFORM							he per	nalties	of 2	U.S.C.	§437	'g.
Office Use					For further in						EC F				_

Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE ate Committee:	
(a)		<i>ı</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate	Thune, John, R., ,	
Candidate Party Affil	DED Times	State SD District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

FEC Form 1 (Revised 02	2/2009)	Page 3
Write or Type Committee Name		
Friends of John	Thune	
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Heartland Values PAC		
	PO Box 505	
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	Organization X Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the person in posse	ession of committee
Buell, Barb,	,, 	
	1601 E 69th St	
Mailing Address	Ste 300	
	Sioux Falls	2
Title or Position	CITY STATE Z	P CODE
Custodian of Records		21 - 1010
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the namesistant treasurer).	e and address of
Full Name Buell, Barb	Dep Treasurer, , ,	
Mailing Address	PO Box 841	
	Sioux Falls	1. _
		P CODE
Title or Position , Treasurer	, 605 , 22	21 1010

	,	/2009)				
Full Name of	Buell, Barb, , ,					
Designated Agent						
	16	01 E 69th St				
Mailing Address						
	Ste	e 300				
	_I Si	oux Falls	I	SD	57108-	8322
		OITY		CTATE		7ID 00DE
Tide Desiden		CITY		STATE		ZIP CODE
Title or Position Designated Age	ent	1		1 6	605 _	221 101
			Telephone i	number		- 10
	Denository etc					
Name of Bank,	Depository, etc. American	3ank & Trust				
Name of bank,	American	Bank & Trust	1 1 1 1 1 1 1			
	American	Bank & Trust 16 S Pinnacle PI				
Mailing Address	American					
	American 62	16 S Pinnacle PI		SD.	.57108	
	American 62			SD	57108	
	American 62	16 S Pinnacle PI		SD STATE	57108	ZIP CODE
Mailing Address	American 62 Si	16 S Pinnacle PI			57108	ZIP CODE
Mailing Address	American 62 Si	16 S Pinnacle PI			57108	ZIP CODE
Mailing Address	American 62 Si Depository, etc.	Dux Falls CITY			57108	ZIP CODE
Mailing Address	American 62 Si Depository, etc. BB&T 19	16 S Pinnacle PI			57108	ZIP CODE
	American 62 Si Depository, etc. BB&T 19	Dux Falls CITY			57108	ZIP CODE
Mailing Address	American 62 Si Depository, etc. BB&T 19	16 S Pinnacle PI Dux Falls CITY		STATE		ZIP CODE
Mailing Address	American 62 Si Depository, etc. BB&T 19	Dux Falls CITY			57108	ZIP CODE

FEC Form 1S (Revised 02/2017)

Page _5 **of** _11__

5(g)	or(h). Joint Fundraisi r	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadership PAC Sponsor
	Thune Victory Co	ommittee 		
	Mailing Address	PO Box 9891		
	Mailing Address			
		Arlington	, , VA ,	
	Relationship:			
	neiationship.	CITY ▲	STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee	Fundraising Representat	Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name	CITY A	STATE ▲	ZIP CODE A
	Full Name	CITY A Telepries: List all banks or other depositories in which	STATE A	
 8. 9. 	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail Name of Bank, Chain	CITY A Telepries: List all banks or other depositories in which	STATE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main the safety deposit boxes or main	CITY ▲ CITY ▲ Telepries: List all banks or other depositories in which aintains funds.	STATE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail Name of Bank, Chain	CITY ▲ CITY ▲ Telepries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main the safety deposit boxes or main	CITY ▲ CITY ▲ Telepries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____11___

1.	, , , , , , , , , , , , , , , , , , , ,	FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
	onservative Values PAC	and in grand and in a second and in a	, с
Mailing Address	PO Box 504		
amgae.eee			
	Sioux Falls	SD	57101-0504
		SD SD	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	by name, address (phone number - optional)		
Full Name			
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
	•	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	Te	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor	Tes: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, Great V	Tes: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, Great V	ries: List all banks or other depositories in which intains funds. Western Bank	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, Great V	ries: List all banks or other depositories in which intains funds.	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arms of Bank, epository, etc.	ries: List all banks or other depositories in which intains funds. Western Bank	elephone Number	

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(g) (or(h). Joint Fundraisi r	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected Cornyn Victory Co	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 13026	1	
		Austin		78711-3026
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name _ _	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name _ _	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail Name of Bank, Invest	CITY A Telestries: List all banks or other depositories in which the	ephone Number	
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Telestries: List all banks or other depositories in which the saintains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail Name of Bank, Invest	CITY CITY Tel ries: List all banks or other depositories in which the dintains funds. ment Centers of America	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which the dintains funds. ment Centers of America	ephone Number	

FEC Form 1S (Revised 02/2017)

Page ____ **of** ______

or(h). Joint Fundraisi n	g Participant:			
1.		, , FEC	ID number	C
2.		FEC	ID number	C
3.		FEC	ID number	C
4.		FEC	ID number	C
Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising R	epresentativ	e, or Leadership PAC Sponsor
2021 Senators CI	assic Committee			
Mailing Address	228 S Washington St			
	Ste 115			
	Alexandria	1	VA	22314-5404
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Connected	d Organization Affiliated Committee	e X Joint Fundraisi	na Represent	ative Leadership PAC Sponse
Full Name				
Mailing Address				
	1		1 1 1 1	
			1 , 1	I I-I
TITLE OR POSITION	_ CITY ▲		STATE ▲	ZIP CODE ▲
ITTLE ON POSITION	*	Telephone	Number	
Banks or Other Deposito	ries: List all banks or other depositor	ries in which the comr	nittee deposi	ts funds, holds accounts rents
safety deposit boxes or ma				,
Name of Bank, Depository, etc.	b Institutional			
	3133 East Camel Back Road			
Mailing Address				
	Phoonix		. 47	.95016
	Phoenix		L AZ	85016
	CITY ▲		STATE A	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

	Kansas City	MO	64121-9097
	Vanaga City		C4404 0007
			<u> </u>
Mailing Address	PO Box 219097		
Name of Bank, Steadf Depository, etc.	ast REIT Investments LLC		
afety deposit boxes or ma			
	ries: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rents
		elephone Number	
TITLE OR POSITION	1	STATE ▲	ZIP CODE ▲
	OTV:	OTATE :	710 0005 :
Mailing Address			
Full Name			
	by name, address (phone number – optional)		
Connected	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Spo
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Washington	, DC	20002-4914
Mailing Address	425 2nd St NE		
	. 425 2nd St NF		
Name of Any Connected Take Back the Se	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
4.		FEC ID number	C
3.		FEC ID number	C
2.		FEC ID number	C
I			

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

anks or Other Depositor afety deposit boxes or ma ame of Bank, Truist epository, etc. Mailing Address		as or other depositories in what when the state of the st	Telephone Numb		unds, holds accounts, rent
anks or Other Depositor afety deposit boxes or ma	aintains funds.				unds, holds accounts, rent
	fies: List all bank	s or other depositories in wh			unds, holds accounts, rent
TITLE OR POSITION			Telephone Numb	er	
TITLE OR POSITION					
		CITY A	STAT	E A	ZIP CODE ▲
			1	, 1	
Mailing Address					
Full Name Mailing Address	1				
esignated Agent: Identify	d Organization	Affiliated Committee	loint Fundraising Re	oresentativ	e Leadership PAC Sp
Relationship:	r	CITY ▲		ATE A	ZIP CODE A
Polationohin	Alexandria	OITV A		VA ATE A	22314-5404
	Ste 115			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	00044.540.4
Mailing Address	228 S Washing	gton St			
Tillis and Colleagu					
	Organization Af	filiated Committee, Joint Fu	ndraising Renres	entative o	or Leadership PAC Spon
4.			FEC ID nu	mber C	
			FEC ID nu	mber C	
3.			FEC ID nu	mber C	
1			FEC ID nu	mber C	/

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

1					
			FEC	ID number	C
2.			FEC	ID number	С
3.			FEC	D number	C
4.			FEC	D number	C
Name of Any Connected		Affiliated Committee, Joi	nt Fundraising	Representati	ve, or Leadership PAC Spons
Mailing Address	138 Conant	St 2nd Flr			
	C/O Red Cu	urve Solutions		 	
	Beverly			MA	01915-1666
Relationship:		CITY A		STATE 4	ZIP CODE A
	ed Organization	Affiliated Committee	X Joint Fundrai	sing Represer	ntative Leadership PAC Sp
Connecte Designated Agent: Identi		Affiliated Committee dress (phone number – op		sing Represer	ntative Leadership PAC Sp
Connecte Designated Agent: Identi Full Name				sing Represer	Leadership PAC Sp
Connecte Designated Agent: Identi				sing Represer	Leadership PAC Sp
Connecte Designated Agent: Identi Full Name				sing Represer	Leadership PAC Sp
Connecte Designated Agent: Identi Full Name Mailing Address	fy by name, add			sing Represer	Leadership PAC Sp
Connecte Designated Agent: Identi Full Name	fy by name, add	dress (phone number – op		STATE A	