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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Thrivent Financial for Lutherans Political Action Committee PO Box 1892 ADDRESS (number and street) (Check if address is changed) Appleton 54912-WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS magan.devalk@thrivent.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00121319 FEC IDENTIFICATION NUMBER 3. X 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. De Valk, Magan, , , Type or Print Name of Treasurer De Valk, Magan, , , [Electronically Filed] 80 10 2020 Signature of Treasurer Date 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. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

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		OMMITTEE	i aye Z
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	e	
Thrivent Finance	cial for Lutherans Political Action Committee)
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	ip PAC Sponsor
Thrivent Financial for	Lutherans	
Mailing Address	4321 N Ballard Rd	
Mailing Address		
	Appleton WI 54919-000)1
	CITY STATE Z	ZIP CODE
Relationship: x Connecte	d Organization	dership PAC Sponsor
7. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE Z	IP CODE
	Telephone number	
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of
Full Name De Valk, North Treasurer	Magan, , ,	
Mailing Address	PO Box 1892	
Maining Addices		
	Appleton	32
	CITY STATE Z	IP CODE
Title or Position Treasurer	920 62	28 3315

Telephone number

FEC Form	n 1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	esignated Gaulin, Maria, , ,					
Mailing Address	PO Box 1892					
	Appleton WI 54912-1892					
Title or Position	CITY STATE ZIP	CODE				
Assistant Treas	urer	3533				
safety deposit bo	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. Thrivent Federal Credit Union					
Mailing Address	3600 Commerce Court					
J						
	Appleton WI 54911					
	CITY STATE ZIP	CODE				
Name of Bank, [Depository, etc.					
Mailing Address						
	CITY STATE ZIP	CODE				

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

Information for Section 6 was accidentally omitted from the report filed on 6/18/2020 (Filing ID FEC-1412735). This report is being filed to include the missing information. I tried filing the report with the Amended box checked, but kept getting filing errors, so I was told to file the report without the box checked and enter the information in this text field.

Form/Schedule: Transaction ID: