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|---|--------------------------------|--|----------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | PAGE 1/5 |
| | (Chook if nome | Example: If tuning tune | | ce Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Montana Democ | ratic Party | | | 1 |
| | | | | |
| | | | | |
| ADDRESS (number and street) | PO Box 802 | | | |
| (Check if address is changed) | | | | |
| lo onangoay | Helena | | MT 5962 | 24 |
| | CITY A | | STATE A | ZIP CODE |
| COMMITTEE'S E-MAIL ADDRE | ESS | | | |
| (Check if address | holly@campaigncompl | iance.net | | |
| is changed) | | | | |
| | Optional Second E-Mail Add | | | |
| | | | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | DRESS (URL) | s.org | |] |
| | | | | |
| 2. DATE 03 / 1 | ^D / Y Y Y Y 2017 | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C c | 00010033 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | |
| I certify that I have examined t | his Statement and to the best | of my knowledge and belief it | is true, correct and | complete. |
| | A A A | | | |
| Type or Print Name of Treasure | er Sexton, Mary, , , | | | |
| Signature of Treasurer | m, Mary, , , | [Electronically Filed] | Date 03 | 13 / Y Y Y Y 2017 |
| NOTE: Submission of false, erron | | may subject the person signing ON SHOULD BE REPORTED V | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

03/13/2017 18 : 42

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|--------------------------------|--|---------------------------------------|
| FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
| TYPE OF C | | |
| Candidate | 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 |
| Name of Candidate | | |
| Candidate Party Affiliation | on Office Sought: House Senate President | State District |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Com | | (D |
| (d) X | This committee is a STA (National, State or subordinate) committee of the DEM | (Democratic, Republican, etc.) Par |
| Political A | ction Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is |
| | 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 par |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fund | raising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/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. | vo or more political |
| Com | mittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | FEC ID number | |

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Montana Democratic Party

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Tester Victory Fund | | | |
|-------------------------------|--------------------------------------|---|-------------------------|
| | | | |
| Mailing Address | 3242 Cummins Way | | |
| | | | |
| | Missoula | MT 5980 | 12 |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee | Joint Fundraising Representative | Leadership PAC Sponsor |
| 7. Custodian of Records: Ider | ntify by name, address (phone number | optional) and position of the person in | possession of committee |

| books and record | ts. |
|------------------|------------------------|
| | Giarraputo, Holly, , , |
| Full Name | |
| | 3242 Cummins Way |
| Mailing Address | |

| | Missoula | MT | 59802 |
|-------------------|----------|------------------|------------|
| Title or Position | CITY | STATE | ZIP CODE |
| Comptroller | | Telephone number | 2 498 7123 |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer | Sexton, Mary, , , |
|---------------------------|---------------------|
| Mailing Address | PO Box 802 |
| | |
| | Helena MT59624 |
| | CITY STATE ZIP CODE |
| Title or Position | |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | 1 | 1 | | | | | | | | 1 | | | |
|-------------------------------------|--|--|---|--|--|--|----|----|--|--|------|-----|-----|------|-----|-----|----|--|---|--|-----|-----|----|----|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | | | L | | | 1 | | | | |
| | | | | | | | CI | ΓY | | | | | | | | STA | ΤE | | | | ZIF | р С | OD | θE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | | |

9. 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.

| First In | terstate Bank | | |
|----------------------------|---------------|----------------|--|
| Mailing Address | 3502 Brooks | | |
| | | | |
| | Missoula | MT 59801 - | |
| | CITY | STATE ZIP CODE | |
| Name of Bank, Depository, | etc. | | |
| | | | |
| City Na | ational Bank | | |
| | | | |
| City Na Mailing Address | ational Bank | | |
| | ational Bank | | |

STATE

ZIP CODE

CITY

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011)

Page 5

| safety deposit boxes or m Name of Bank, Depository | | | ADDITIONAL] |
|---|---|-------------------------|-----------------------------|
| | algamated Bank | | |
| Mailing Address | 1825 K St., NW | | |
| | | | |
| | Washington | | 006 |
| | CITY 🗖 | STATE 🗖 | ZIP CODE 🔺 |
| Name of Any Connector | l Organization, Affiliated Committee, Joint Fundraising | Ponrosontativo or Loado | [ADDITIONAL |
| DNC State Party V | | | |
| | | | |
| Mailing Address | 430 S. Capitol St., SE | | |
| | Washington | | 0003 1 1 1 1 - 1 1 1 |
| | | STATE | |
| elationship: | ~ ~ | _ | _ |
| Connected Organization | Affiliated Committee X Joint Fundraising | Representative Lead | dership PAC Sponsor |
| Designated Agent | | | [ADDITIONAL] |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Title or Position | CITY 📥 | STATE | ZIP CODE 📥 |
| | Тей | ephone number | |
| | | • | |
| Joint Fundraiser Partici | | | [ADDITIONAL] |