

Image# 201702029042409004

PAGE 1 / 2

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Quist, Robert, E., ,		2. Candidate's FEC Identification Number H8MT00077	
(b) Address (number and street) 581 Riverside Road		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Kalispell MT 59901		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MT 00	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2017 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Rob Quist for Montana	
(b) Address (number and street) PO Box 1917	
(c) City, State, and ZIP Code Kalispell MT 59903	

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Quist, Robert, E., ,  [Electronically Filed]	Date 02/02/2017
--	--------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F2N

Transaction ID :

2017 Special Election.

Form/Schedule:

Transaction ID: