

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DIRK ADAMS FOR MONTANA

ADDRESS (number and street) 729 SHIELDS RIVER ROAD

(Check if address is changed)

WILSALL MT 59086 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) dirkadams@mac.com

Optional Second E-Mail Address mgisse11@me.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10/22/2013

3. FEC IDENTIFICATION NUMBER C00548776

4. IS THIS STATEMENT NEW (N) OR X 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.

Type or Print Name of Treasurer MIKI GISSELL

Signature of Treasurer [Signature] Date 10/22/2013

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.

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5. TYPE OF COMMITTEE

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. (Complete the candidate information below.)

Name of Candidate: DIRK S. ADAMS

Candidate Party Affiliation: DEM; Office Sought: Senate; State: MT; District: [ ]

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: [ ]

Party Committee:

- (d)  This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	[ ]	FEC ID number	C
2.	[ ]	FEC ID number	C
3.	[ ]	FEC ID number	C
4.	[ ]	FEC ID number	C

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Write or Type Committee Name

DIRK ADAMS FOR MONTANA

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

M I K I G I S S E L L

Mailing Address

7 2 9 S H I E L D S R I V E R R O A D

[Empty grid lines for mailing address]

W I L S A L L M T 5 9 0 8 6

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 4 0 6 - 5 7 8 - 2 3 6 6

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

M I K I G I S S E L L

Mailing Address

7 2 9 S H I E L D S R I V E R R O A D

[Empty grid lines for mailing address]

W I L S A L L M T 5 9 0 8 6

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 4 0 6 - 5 7 8 - 2 3 6 6

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Full Name of Designated Agent

M I K I G I S S E L L

Mailing Address

7 2 9 S H E E L D S R I V E R R O A D

W I L S A L L

CITY

M T

STATE

5 9 0 8 6

ZIP CODE

Title or Position

T R E A S U R E R

Telephone number

4 0 6 - 5 7 8 - 2 3 3 6

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.

B A N K O F B O Z E M A N

Mailing Address

8 7 5 H A R M O N S T R E A M B L V D

W I L S A L L

CITY

M T

STATE

5 9 0 8 6

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13020540049

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
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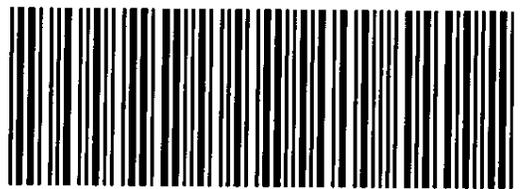
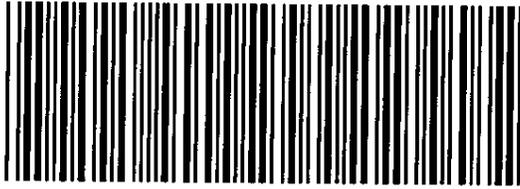
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PREPARER **DH** DATE PREPARED **11-18-13**

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