PAGE 1 / 4 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. Moderate Democrats PAC 303 Massachusetts Avenue, NE ADDRESS (number and street) (Check if address is changed) Washington 20002 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS holly@campaigncompliance.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.none.com (Check if address is changed) DATE 2015 C00436022 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. Stephen Patterson Type or Print Name of Treasurer Stephen Patterson [Electronically Filed] 05 2015 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Only Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		rm 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
		e 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. (Cominformation below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		X 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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 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 Form 1 (Revised		Page 3
Write or Type Committee Name  Moderate Demo		
		Landanakin DAO Curanan
-	Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the perso	n in possession of committee
Holly Giar	raputo	
Mailing Address	3242 Cummins Way	
Mailing / Mailoss		
	Missoula	59802
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Stephen P	atterson	
Mailing Address	303 Massachusetts Avenue, NE	
	Washington   DC    2	20002
Title or Position Treasurer	CITY STATE  Tolophono number   202	ZIP CODE
<u> </u>	Telephone number	

1 20 1 011	<b>n 1</b> (Revised 02/2009)	Page 4
Full Name of Designated Agent	1	1 1 1 1 1 1
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	oxes or maintains funds.	
Name of Bank, I		
	Depository, etc.    First Interstate Bank	
Name of Bank, [	Depository, etc.    First Interstate Bank	
Name of Bank, [	First Interstate Bank PO box 4667 Missoula MT 59802	IP CODE
Name of Bank, [	First Interstate Bank PO box 4667 Missoula CITY STATE Z	IIP CODE
Name of Bank, I	First Interstate Bank PO box 4667 Missoula CITY STATE Z	
Name of Bank, I	PO box 4667  Missoula  CITY  STATE  Z  Depository, etc.	
Name of Bank, I	PO box 4667  Missoula  CITY  STATE  Z  Depository, etc.	
Name of Bank, I	PO box 4667  Missoula  CITY  STATE  Z  Depository, etc.	