

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

14 FEB 11 PM 3:15

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SAM RANKIN FOR U S SENATE

ADDRESS (number and street)

11645 PARKHILL DR #3



(Check if address is changed)

BILLINGS

CITY ▲

MT

STATE ▲

59102-3067

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

sam@samrankin.com

Optional Second E-Mail Address

srankin1234@optimum.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

www.samrankin.com

2. DATE

02 / 07 / 2014

3. FEC IDENTIFICATION NUMBER ►

C

4. 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.

Type or Print Name of Treasurer

Emily Rankin

Signature of Treasurer

Emily Rankin

Date

02 / 07 / 2014

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 Use Only

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

FEC FORM 1 (Revised 06/2012)

14020151309

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 SAM RANKIN

Candidate Party Affiliation IND Office Sought: House Senate President 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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

14020151310

Write or Type Committee Name

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

SAMUEL DAVID RANKIN

Mailing Address

11645 PARKHILL DR #3

BILLINGS

MT

59102-3067

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

406-855-3013

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

EMILY ANNE RANKIN

Mailing Address

2210 22ND STREET WEST

BILLINGS

MT

59102-2236

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

406-855-3023

14020151311

Full Name of Designated Agent

DIANE WILLIAMS RANKIN

Mailing Address

2210 22ND STREET WEST

BILLINGS

CITY

MT

STATE

59102-2236

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

406-698-9840

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.

STOCKMAN BANK

Mailing Address

Box 22069

BILLINGS

CITY

MT

STATE

59104-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14020151312

Sam Rankin
1645 Park
Billings, MT



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BY THE SENATE
POST OFFICE

Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578



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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7115
PHONE: (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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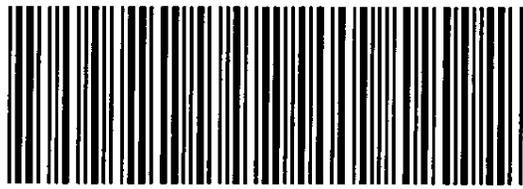
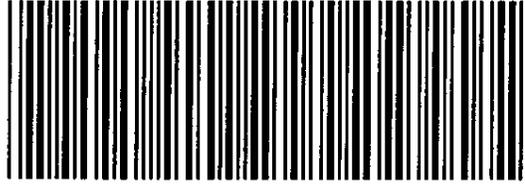
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PREPARER MW DATE PREPARED 2/11/14

14020151314



14020151315