20-10: 00: MO: 0M: 00N0MMOD

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

				Office Use Only
NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
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ADDRESS (number and street)	Ra	1B10X1 1/11	54	
(Check if address is changed)	ــــا			
		CITY A		M1 5,9,8,4,7 - 1 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)		rtanansfo al Second E-Mail Ad	U	Vernmentegmail.com
		1 J J J J J		
COMMITTEE'S WEB PAGE AD	, DRESS (I	URL)	• •	A STATE OF THE STA
(Check if address is changed)	m.f.	1,910,00,91	<u> </u>	
•	لسا	) 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. DATE <u>0.9</u> ' 2.	3' [	2019		
3. FEC IDENTIFICATION N	UMBER	► C O	0563155	
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)	
I certify that I have examined t	nis Staten	nent and to the best	of my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Treasure	r Ka	thryn M	. Kay	
Signature of Treasurer	Rath	tryp m.	Kay	Date 09 23 2019
NOTE: Submission of false, error			may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	FEL. EURIN I

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009) Page 2
	-	OMMITTEE .
	nalaate	Committee:  This committee is a principal campaign committee. (Complete the candidate information below.)
(a)	Н	
(b)	П	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	ne of ndidate	
Can	ndidate	Office State
Pari	ty Affiliation	on Sought: House Senate President District
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nan	ne of	
	ndidate	
Pa	rty Con	nmittee: (National, State (Democratic,
(d)	Ц	This committee is a or subordinate) committee of the Republican, etc.) Party
Pol	litical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party
	I/S	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.)
Joi	nt Fund	Iraising 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)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	ш	committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	
	3.	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

63

1	
hip PAC Sponsor	
ZIP CODE	
adership PAC Sponsor	
ssession of committee	

STATE

STATE

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of

1

Full Name of Treasurer	Kathaya N. Kar		
Mailing Address	P. O. Box 1154	<u>.ll. 1 1 1</u>	
		1 1 1 1 1	
	40101111111	MI	15.9.8471-
	CITY	STATE	ZIP CODE
Title or Position			

Telephone number

Telephone number

14061-12731-168/16

ZIP CODE

NO-101 - OO - NO - ON - OO - OO - OO - OO

FEC	Form	15	(Revised	02/2017)

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of	

5(g) o	or(h). <b>Joint Fundraisi</b> i	ng Participant:
	1	FEC ID number C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
	Mailing Address	
	Relationship:	CITY ▲ STATE ▲ ZIP CODE ▲  d Organization
8.		y by name, address (phone number - optional)  NOY NO BOX 1154
	TITLE OR POSITION	
9.	Banks or Other Deposits safety deposit boxes or m	ories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents aintains funds.
	Name of Bank, Depository, etc.	il West Bank
	Mailing Address	L. Box 9
		140, (10, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
		CITY ▲ STATE ▲ ZIP CODE ▲

1050 First St. NE

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Box 1154 600, MT 59847

## Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** 9/23/19 **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

PREPARER (3/2015)