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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. Daines Montana Victory Committee PO Box 1618 ADDRESS (number and street) (Check if address is changed) Helena 59624-MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lorna@mt.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2019 C00506865 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. Warehime, Shirley, J,, Type or Print Name of Treasurer Warehime, Shirley, J,, [Electronically Filed] 03 2019 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

F	EC For	rm 1 (Revised 02/2009)	Page 2			
TYPE	OF C	OMMITTEE				
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 Candi						
Candi Party	date Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Party	y Com	nmittee:				
(d)			emocratic, publican, etc.) Party.			
Politi	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a			
		Corporation Corporation w/o Capital Stock	_abor 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 segr committee. (i.e., nonconnected committee)	egated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Fund	raising Representative:				
(g)	x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	Big Sky Opportunity PAC FEC ID number C C0054	2027			
	2.	Montana Republican Central Committee C C00000	3086			
	3.	Steve Daines for Montana C C0049	1357			
	4.					

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Write or Type Committee	Name	
Daines Monta	ana Victory Committee	
	ed Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
None		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conr	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponso
Custodian of Records books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Kune Full Name	y, Lorna, , ,	
Mailing Address	400 N Califonia	
	Helena M7	59601-4968
Title or Position	CITY STAT	E ZIP CODE
Custodian of Records	Telephone number	406 - 442 - 6633
Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the comn.g., assistant treasurer).	nittee; and the name and address of
Full Name Ware of Treasurer	nime, Shirley, J, ,	
Mailing Address	113 Meadow Dr	
	Helena MT	
Title or Position Treasurer	CITY STATI	E ZIP CODE
	Telephone number	

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Full Name of Designated Agent Kuney, Lo	orna, , ,							
Mailing Address	400 N Califonia							
	Helena CITY	MT 59601- STATE	4968 ZIP CODE					
Title or Position Assistant Treasurer		ımber	442 - 6633					
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								
Otockii	3094 N Sanders St							
Mailing Address	SSS-TN Gallacis Gt							
	Helena	MT 59601						
	CITY	STATE	ZIP CODE					
Name of Bank, Depository,	etc.		_					
Valley Mailing Address	Bank 3030 N Montana Ave							
	Helena	MT 59601						
	CITY	STATE	ZIP CODE					

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Amending FEC Form 1 to update information and contribution limits.

Form/Schedule: Transaction ID: