Image# 13964044818				07/12/2013 13 : 14
FEC	STATEMEI ORGANIZ			PAGE 1 / 4
FORM 1	ONGANIZ	ATION		<i>"</i> "
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	ffice Use Only
COMMITTEE (in full)	is changed)	over the lines.	121 14115	
BRIGHTER FUT				
1				
ADDRESS (number and street)	PO BOX 572			
(Check if address				
is changed)	MANDAN		ND 585	554 554
	CITY A		L L_⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	soleary@goberhilgers.			
lis changed)	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 07 / 12	2 / Y Y Y Y 2 2013			
3. FEC IDENTIFICATION N	JMBER ► C c	00520684		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and	l complete.
Type or Print Name of Treasure	r Pat Finken			
Signature of Treasurer	ïnken	[Electronically Filed]	Date 07	12 / Y Y Y Y 12 2013
NOTE: Submission of false, erron		may subject the person signing t ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC FC	orm 1 (Revised 02/2009) Page 2
TYPE OF (	COMMITTEE
Candidat	te 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	
Candidate Party Affiliat	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Particular
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	Corporation Corporation w/o Capital Stock Labor Organizatio
	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 pa 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 Fund	draising 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.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

President

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## **BRIGHTER FUTURE FUND**

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

Mailing Address				
5				
	CITY	STATE	ZIP CODE	
Relationship:       Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadership PAC Sponsor         •       Custodian of Records:       Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	tify by name, address (phone number optional)	and position of the persor	n in possession of committee	
books and records.		and position of the persor	n in possession of committee	
books and records.		and position of the persor	n in possession of committee	
books and records. Shane Goe Full Name	ttle			
books and records. Shane Goe Full Name	ttle		n in possession of committee	

Telephone number

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	Pat Finken
Mailing Address	PO Box 572
	Mandan
	CITY STATE ZIP CODE
Title or Position	

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Full Name of Designated Agent	Shannon O'Leary
Mailing Address	2101 Cedar Springs Rd., Ste. 1050
	Dallas
	CITY STATE ZIP CODE
Title or Position	Jirer     512     1784       Telephone number     1784

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.

Wells	- argo	
Mailing Address	420 Montgomery Street	
	San Francisco	CA 94104 –
	CITY	STATE ZIP CODE
Name of Bank, Depository,	etc.	
Mailing Address		
	CITY	STATE ZIP CODE