PAGE 1 / 8

Image# 201509189002712921

**FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL F	or Other Than An Au	tnorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, to over the lines.	type 12FE4M5
Daines Montana Victor	y Committee		
ADDRESS (number and street)	PO Box 1618		
Check if different			
than previously reported. (ACC)	Helena		MT 59624
2. FEC IDENTIFICATION NU	MBER ▼ C	TY▲	STATE ▲ ZIP CODE ▲
C C00506865		IS THIS X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only)  Page 20 (M12) Page 20 (M12)
(a) Quarterly Reports:			20 (M6) X Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only)
April 15 Quarterly Report (Q		r 20 (M4) Jul 2	20 (M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q:	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C	) Special (12S)
Quarterly Report (Q: January 31 Year-End Report (YI		ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		ion on	in the State of
5. Covering Period 08	01 2015	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	s Report and to the best of	of my knowledge and belie	of it is true, correct and complete.
Type or Print Name of Treasurer	Shirley J. Warehime		
Signature of Treasurer Shirle	y J. Warehime	[Electronically File	ed] Date 09 17 2015
NOTE: Submission of false, errone	ous, or incomplete informati	on may subject the person	signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Daines Montana Victory Committee** 80 2015 08 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 5475.47 January 1, 2015 (b) Cash on Hand at 2091.90 Beginning of Reporting Period..... 127564.00 10000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 12091.90 133039.47 6(a) and 6(c) for Column B)..... 2276.66 123224.23 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 9815.24 9815.24 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Daines Montana Vic	ctory Committee
--------------------	-----------------

Report Covering the Period: From: 08	01 2015	To: 08 31 2015	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:	Total Tillo I Cilou	Guichau Teur to Bute	
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	10000.00	127564.00	
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	10000.00	127564.00	
		0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry	10000.00	127564.00	
Totals to Line 33, page 5)	10000.00	121001100	
2. Transfers From Affiliated/Other	0.00	0.00	
Party Committees	0.00	0.00	
B. All Loans Received	0.00	0.00	
5. All Loans Neceiveu			
L Love Book and Desired	0.00	0.00	
I. Loan Repayments Received	0.00	0.00	
5. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
6. Refunds of Contributions Made	7	0.00	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
7. Other Federal Receipts	3.00		
(Dividends, Interest, etc.)	0.00	0.00	
B. Transfers from Non-Federal and Levin Funds	3100		
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(b) Levin Fands (nom Schedale Fig)	7	7 7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
o. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	10000.00	127564.00	
). Total Federal Receipts			
(subtract Line 18(c) from Line 19) ▶	10000.00	127564.00	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	123224.23
	0.00 0.00 0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10000.00	127564.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.00	127564.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	976.66	34948.76
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	976.66	34948.76

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Daines Montana Victory Committee** Full Name (Last, First, Middle Initial) David Rose Date of Receipt Mailing Address 318 Amethys Ave 2015 City State Zip Code Transaction ID: 50916.C728 CA **Newport Beach** 92662 Amount of Each Receipt this Period FEC ID number of contributing C 10000.00 federal political committee. Receipt Name of Employer Occupation Tissue Paper Broker Melrose Industries Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10000.00 SUBTOTAL of Receipts This Page (optional)..... 10000.00

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 7 OF 8	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	X 21b 27	22 23 28a 28i	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Any information conical from such Departs and Classic	onto movemat ha salal ar con-				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	e and address of any politication	al committee to	solicit contributio	ns from such committee.	
NAME OF COMMITTEE (In Full)					
Daines Montana Victory Committee	<del>)</del>				
Full Name (Last, First, Middle Initial)					
<sup>A.</sup> Special Projects			Date of Disbur	sement	
Mailing Address 400 N California			08	13 2015	
City	State Zip Code				
	MT 59601-		Transaction	ID : 50916.E333	
Purpose of Disbursement Financial Reporting & Bookkeeping			Amount of Eac	ch Disbursement this Period	
Candidate Name		Category/		960.66	
Office Sought: House Disbursem	nent For:	Туре			
Senate	Primary General		FINANCIAL RE	PORTING & BOOKKEEPING	
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. Valley Bank			Date of Disbur	sement	
				D / Y Y Y Y Y	
Mailing Address PO Box 5269			08	05 2015	
•	State Zip Code MT 59604-		Transaction	ID : 50814.E329	
Purpose of Disbursement	3333.				
Credit Card Fees			Amount of Eac	ch Disbursement this Period	
Candidate Name		Category/ Type		16.00	
Office Sought: House Disbursem	nent For:	.,,,,			
	Primary General		CREDIT CARD	FEES	
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbur	sement	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
			Amount of Eac	ch Disbursement this Period	
Candidate Name		Category/ Type			
Office Sought: House Disbursem	nent For:	туре	7		
Senate	Primary General				
	Other (specify) ▼				
State: District:					
CURTOTAL of Diskussessesses This Days (ast				976.66	
SUBTOTAL of Disbursements This Page (optional)		·····		3.0.00	
TOTAL This Period (last page this line number only).				976.66	

# 17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 8 OF 8
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	ule(s) (check only one)		
	Detailed Summary Page	21b 27		23 24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)  Daines Montana Victory Committee	)			
Full Name (Last, First, Middle Initial)			5 . (5)	
A. Montana Republican Central Comm	nittee		Date of Disb	ursement / Y Y Y Y Y
Mailing Address PO Box 935			08	31 2015
•	State Zip Code MT 59604-		Transactio	n ID : 50916.E334
Purpose of Disbursement Distribution		· · · ·	Amount of Ea	ach Disbursement this Period
Candidate Name		Category/ Type		1300.00
President	nent For: Primary General Other (specify)	Турс		
State: District:				
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disb	ursement
Mailing Address			W = W /	7 7 7 7 7 7 7
City	State Zip Code			
Purpose of Disbursement		· · · ·	Amount of Ea	ach Disbursement this Period
Candidate Name		Category/ Type		
President	nent For: Primary General Other (specify)			
State: District:  Full Name (Last, First, Middle Initial)				
C.			Date of Disb	ursement
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type		ach Disbursement this Period
	nent For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				1300.00
TOTAL This Period (last page this line number only).				1300.00