FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Freedon 1463 Columbia Falls Stage ADDRESS (number and street) (Check if address is changed) Columbia Falls 59912 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS les.kleinman@bigskyholdingsinc.com (Check if address is changed) Optional Second E-Mail Address les.kleinman@bigskyholdingsinc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2022 C00802397 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. Kleinman, Les,, MR, Type or Print Name of Treasurer Kleinman, Les,, MR, [Electronically Filed] 01 25 2022 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

Local 202-694-1100

	EEO F -	*** 1 (Paying 02/2000)	Page 2		
		rm 1 (Revised 02/2009) OMMITTEE	Page 2		
		e 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.)			
Nam Can	e of didate	Kleinman, Les, , MR,			
	didate y Affiliati	on W Office Sought: House Senate X President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Nam Cand	e of didate				
Par	ty Con	nmittee:	(Daniel 11)		
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Poli	itical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)			
Join	t Func	Iraising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number			
	3.				
	4.				

FEC Form 1 (Rev	vised 02/2009)	Page 3
Write or Type Committee		. 0
American Fr		
	cted Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Represe	ntative Leadership PAC Sponsor
. Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the	e person in possession of committee
	nman, Les, , MR,	
Full Name	1463 Columbia Falls Stage	
Mailing Address		
	Columbia Falls	,59912
	Columbia Falls MT	
Title or Position	CITY STATE	ZIP CODE
Chair		406 8410
	me and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name Klein of Treasurer	nman, Les, , MR,	
Mailing Address	1463 Columbia Falls Stage	
	Columbia Falls CITY STATE	59912 ZIP CODE
Title or Position	S SIME	406 209 8410
	Telephone number	- 209 - 0410

FEC Form	1 (Revised 02/2009)	Page 4			
Full Name of Designated Agent	Kleinman, Les, , Mr,	 			
Mailing Address	1463 Columbia Falls Stage				
	Columbia Falls MT 59912				
Title or Position	CITY STATE	ZIP CODE			
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.					
	Three Rivers Bank of Montana	<u></u>			
Mailing Address	522 N Meridan Rd				
	Kalispell MT 59901				
	CITY STATE	ZIP CODE			
Name of Bank, D	Depository, etc.				
Mailing Address					
	CITY STATE	ZIP CODE			