

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

American Freedom

ADDRESS (number and street)

1463 Columbia Falls Stage



(Check if address is changed)

Columbia Falls

CITY ▲

MT

STATE ▲

59912

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

les.kleinman@bigskyholdingsinc.com

Optional Second E-Mail Address

les.kleinman@bigskyholdingsinc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

01 / 25 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00802397

4. 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.

Type or Print Name of Treasurer Kleinman, Les, , MR,

Signature of Treasurer Kleinman, Les, , MR,

[Electronically Filed]

Date

01 / 25 / 2022

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

4. _____ FEC ID number

Write or Type Committee Name

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Kleinman, Les, , MR,

Mailing Address

1463 Columbia Falls Stage

Columbia Falls

MT

59912

Title or Position

CITY

STATE

ZIP CODE

Chair

Telephone number

406

209

8410

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

Kleinman, Les, , MR,

Mailing Address

1463 Columbia Falls Stage

Columbia Falls

MT

59912

Title or Position

CITY

STATE

ZIP CODE

Telephone number

406

209

8410

Full Name of
Designated
Agent

Kleinman, Les, , Mr,

Mailing Address

1463 Columbia Falls Stage

Columbia Falls

CITY

MT

STATE

59912

ZIP CODE

Title or Position

Telephone number

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.

Three Rivers Bank of Montana

Mailing Address

522 N Meridan Rd

Kalispell

CITY

MT

STATE

59901

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE