

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2011 SEP -7 AM 8:35

Office Use Only FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Friends of John Abarr

ADDRESS (number and street)

1126th St N #3

(Check if address is changed)

Great Falls

MT

59401-1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

~~john.abarr@montana.gov~~
john.abarr@3@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

09 / 01 / 2011

3. FEC IDENTIFICATION NUMBER

C00496802

4. IS THIS STATEMENT

NEW (N)

OR

X

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

John Abarr

Signature of Treasurer

John Abarr

Date

09 / 01 / 2011

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 Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11030661028

5. TYPE OF COMMITTEE

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 of Candidate John Abarrr

Candidate Party Affiliation Republican Office Sought: House Senate President State MT District 01

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

11030661029

Write or Type Committee Name

Friends of John Abarr

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

John Abarr

Mailing Address

112 Birch St N #3

Great Falls

MT

59401

Title or Position

CITY

STATE

ZIP CODE

Records Keeper

Telephone number

406-952-1548

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

John Abarr

Mailing Address

112 Birch St N #3

Great Falls

MT

59401

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

406-952-1548

11030661030

Full Name of Designated Agent

John Abarri

Mailing Address

1126th ST N #3

[Empty address line]

Great Falls

CITY

MT

STATE

59401

ZIP CODE

Title or Position

Candidate

Telephone number

406-1952-1548

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.

US Bank

Mailing Address

300 Central Ave

[Empty address line]

Great Falls

CITY

MT

STATE

59401

ZIP CODE

Name of Bank, Depository, etc.

[Empty bank name line]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

11030661031

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked
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No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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Received from Senate Public Records Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

[Signature]
 PREPARER
 (3/2005)

9/1/11
 DATE PREPARED

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