

FEC
FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
17 OCT -4 PM 2:45

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF SARAH DEAN

ADDRESS (number and street)

715TH

(Check if address
is changed)

HAVRE

CITY ▲

MT

STATE ▲

59501-1

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

SARAH.ALEXIS.DEAN@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

DEANFORSENATE.COM

2. DATE

09 ' 25 ' 2017

3. FEC IDENTIFICATION NUMBER ▶

C

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

SARAH ALEXIS DEAN

Signature of Treasurer

Sarah Alexis Dean

Date

09 ' 25 ' 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use

For further information contact:
Federal Election Commission
Toll Free 800-424-9530

FEC FORM 1
(Revised 06/2012)

201710040200281049

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 SARAH ALEXIS DEAN

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

- (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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

201710040200281050

Write or Type Committee Name

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 SARAH ALEXIS DEAN

Mailing Address 17 STH ST
HAVRE MT 59501

Title or Position CITY STATE ZIP CODE
CANDIDATE Telephone number 760 859 6319
~~661-609-3632~~

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 SARAH ALEXIS DEAN

Mailing Address 17 STH ST
HAVRE MT 59501

Title or Position CITY STATE ZIP CODE
CANDIDATE Telephone number 760-859-16319

201710040200281051

Full Name of Designated Agent

SARAH ALEXIS DEAN

Mailing Address

7 5TH ST

HAVRE

CITY

MT

STATE

59507

ZIP CODE

Title or Position

CANDIDATE

Telephone number

760-859-6319

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.

BEAR PAW CREDIT UNION

Mailing Address

201 2ND ST

HAVRE

CITY

MT

STATE

59507

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

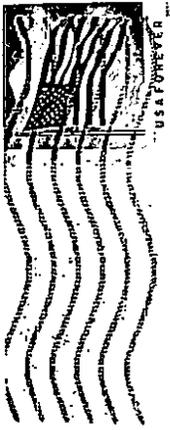
STATE

ZIP CODE

201710040200281052

arak 2 Dean 0040200201033
7 5th St
Lawre, MT 59501

GREAT FALLS MT 594
26 SEP 2017 PM 2 1



Secretary of the Senate
Office of Public Records
232 Hart Senate Office Bldg
Washington, DC 20510-7116

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OCT 03 2017

2051037116

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 10-4-17
Date of Receipt

9-26-17
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION 10-4-17
Date of Receipt

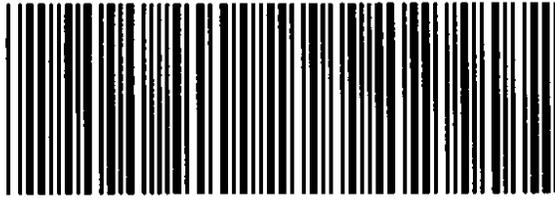
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

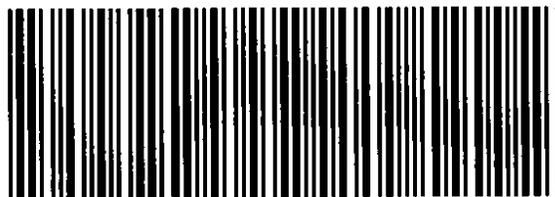
OTHER 9-26-17
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-4-17

201710040200281054



SEN PATCH



SEN PATCH

201710040200201055