

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

JAMES DEAN FOR SENATE

ADDRESS (number and street)

1 STH ST

(Check if address
is changed)

HAVRE

CITY ▲

MT

59501

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

DEAN1396@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

DEANFORMONTANA.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

William James Dean

Signature of Treasurer

William James 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
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-8530

FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

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

Mailing Address

 CITY STATE ZIP CODERelationship: 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

WILLIAM JAMES, DEAN

Mailing Address

7. STH. ST

HAVRE MT 59501-

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

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

WILLIAM JAMES, DEAN

Mailing Address

7. STH. ST

HAVRE MT 59501-

CITY

STATE

ZIP CODE

Title or Position

CANDIDATE

Telephone number

661-609-3632

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

WILLIAM JAMES, DEAN

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

District

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

Name of Candidate

[REDACTED]

Party Committee:

(d) This committee is a [REDACTED] (National, State or subordinate) committee of the [REDACTED] (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. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
2. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
3. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
4. [REDACTED] FEC ID number [REDACTED] C [REDACTED]

**Full Name of
Designated
Agent**

WILLIAM JAMES, D.B.A.

Mailing Address

7.5TH ST.

HAWKES

CITY

STATE

ZIP CODE

Title or Position

Name of Position

Telephone number

66.1-609-3632

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

2011 2ND ST

1140

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

CITY

STATE

ZIP CODE

ALLIANCE, James A. 281064
7 5th St
Fairview, MT 59501

GREAT FALLS MT 59304
26 SEP 2007 - FPM 2.1
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JULIE E. ADAMS
SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232

WASHINGTON, DC 20510-7116
PHONE (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

10-4-17

9-26-17

USPS FIRST CLASS MAIL _____

Date of Receipt

Postmark

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Postmark

USPS PRIORITY MAIL _____

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

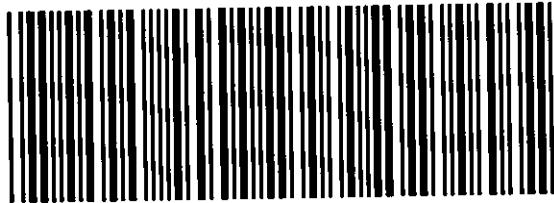
Date of Receipt or Postmark

9-26-17

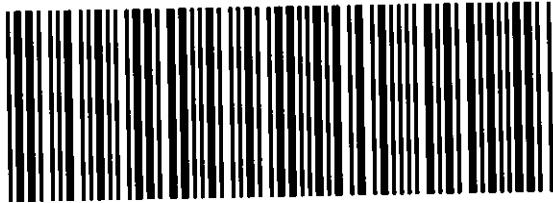
PREPARER DH

DATE PREPARED

10-4-17



SEN PATCH



SEN PATCH

201710040200261066