## **STATEMENT OF**

FORM 1	0	(See instruction			Office use only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Rehberg for C	ongress				
ADDRESS (number and	street) PO B	30x 1597			
(Check if address					
is changed)	Helei	na 		<u>  M</u> T	59624   -
			CITY	STATE	ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please	provide only one e-	mail address)		
(Check if address	lorna	@mt.net			
X is changed)					
COMMITTEE'S WEB  (Check if address is changed)	1	RL)			
2. DATE 0 9		19999			
3. FEC IDENTIFICA	TION NUMBER		C C00349431		
4. IS THIS STATEM	ENT NEW	(N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and	to the best of my kno	wledge and belief it is true, corre	ct and complete	
Type or Print Name of	Treasurer <b>L</b>	orna Kuney			
Signature of Treasurer	Electronically Filed	d by <b>Lorna Kur</b>	ney	Date 05	15 / Y Y Y Y
NOTE: Submission of fa			y subject the person signing this		
Office Use Only			For further informat Federal Election Com Toll Free 800-424-95	mission	FEC FORM 1 (Revised 02/2009)

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5.		F COMMITTEE (Check One) ate Committee:							
	(a)	X 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 o Candida	Delliis n nelibelu							
	Candida Party At	IRED V I a	State MT sident District 00						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District.						
	Name o								
	Party C	ommittee:							
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
	Politica	I Action Committee (PAC):							
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	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 Fu	ndraising Representative:							
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds f 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 f committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political						
		Committees Participating in Joint Fundraiser							
		1 FEC ID number C							
		2. FEC ID number							
		3. FEC ID number							
		4. FEC ID number							

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Write or Type Committee Name						
Rehberg for Congress						
6. Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Repres	entative, or Lea	dership PAC Sponsor		
Montanans for Rehberg			1 1 1 1 1 1			
1		1111111	1 1 1 1 1			
Mailing Address	PO Box 1597					
	Helena Helena		<u>M</u> T	59624   _ [ _		
	CITY		STATE A	ZIP CODE		
Relationship:						
Connected Organization	X Affiliated Committee	Joint Fundraising Re	epresentative	Leadership PAC Sponsor		
possession of Committee	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.  Full Name					
Mailing Address	400 N California	1				
	Helena		МТ	59601		
Title or Position ♥	CITY A		STATE	ZIP CODE A		
Treasurer		Telephone nu	400	442 - 6633		
	<b>Treasurer:</b> 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 Lorna	Kuney					
Mailing Address	400 N Californi	<u>a</u>				
	Helena		_MT_	59601		
Title or Position ♥	CITY A		STATE <b>▲</b>	ZIP CODE A		
Treasurer		Telephone n	umber 406	_ 442 _ 6633		

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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A				
	Tele	phone number					
9. <b>Banks or Other Deposito</b> safety deposit boxes or mai	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents cafety deposit boxes or maintains funds.						
Name of Bank, Depository,	Name of Bank, Depository, etc.						
Vall	ey Bank						
Mailing Address	PO Box 5269						
		1 1 1 1 1 1 1 1					
	Helena	<b>MT</b>	59604   _				
	CITY 🗻	STATE⊿	ZIP CODE 🛕				
Name of Bank, Depository,	etc.						
Mailing Address							