

**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

Eisenhauer for Congress

ADDRESS (number and street)

1720 10th Ave S, Suite 4



(Check if address is changed)

Mailstop #416

Great Falls

CITY ▲

MT

STATE ▲

59405

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

michael@eisenhauerforcongress.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

www.eisenhauerforcongress.com

2. DATE

M M / D D / Y Y Y Y
12 / 15 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00930750

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 Dasinger, Katie, , Mrs.,

Signature of Treasurer Dasinger, Katie, , Mrs.,

Date

M M / D D / Y Y Y Y
12 / 15 / 2025

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

C

Write or Type Committee Name

Eisenhauer for Congress

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 Organization ☐ 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 Eisenhauer, Michael, D., Dr.,

Mailing Address 1720 10th Ave S, Suite 4

Mailstop #416

Great Falls

MT

59405

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CUSTODIAN, RECORDS

Telephone number

406

868

2277

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 Dasinger, Katie, , Mrs.,

Mailing Address 1720 10th Ave S, Suite 4

Mailstop #416

Great Falls

MT

59405

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

406

794

2973

Full Name of
Designated
Agent

Merchant, Laura, , Mrs.,

Mailing Address

1720 10th Ave S, Suite 4

Mailstop #416

Great Falls

MT

59405

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASST TREASURER

Telephone number

406

788

8810

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.

First Interstate Bank

Mailing Address

2601 10th Ave S

Great Falls

MT

59405

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲