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STATEMENT OF



FORM 1		ORGANIZA	ATION		Office Use Only
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Montana C	onnecti	cut Victory	<u> </u>		
ADDRESS (number a	nd street)	18 Pennsylv	ania Ave SE		
(Check if a is changed	ddress V	Vashington		DC 2	20003
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	address	Please provide only one o	e-mail address) ocompliance, com		
COMMITTEE'S WEE	B PAGE ADDRE	SS (URL)			
(Check if is change					
2. DATE	1"	2018			
3. FEC IDENTIF	ICATION NUM	BER C			
4. IS THIS STATE	EMENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have		Statement and to the beautiful Judith Zamo	st of my knowledge and belief i	t is true, correct	and complete.
Signature of Treasu	irer	Auda,	Mul	Date O	16 2018
NOTE: Submission of			n may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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TYPE OF	
	COMMITTEE
	te 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	<u> </u>
Candidate Party Affilia	Office State Senate President
	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of	
Candidate	
Party Co	
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Par
Political /	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i
	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 par 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 Fund	draising 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.
Com	nmittees Participating in Joint Fundraiser
1.	Montanans for Tester FEC ID number C 00412304
2.	Friends of Chris Murphy FEC ID number C 00492645
3.	FEC ID number

Page 3

FEC Form 1 (Revised 02/2009)

		Page 4
Full Name of Designated Agent	Kristin Solander	
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC STATE	20003 -
Title or Position Assistant T	reasurer Telephone number	
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits fur oxes or maintains funds. Depository etc.	nds, holds accounts, rents
rame or barn, t		
rame of Bank, t	Amalgamated Bank	
Mailing Address		
	Amalgamated Bank	
	Amalgamated Bank [1825,K,St NW	20006
	Amalgamated Bank	20006
	Amalgamated Bank 1825 K St NW Washington CITY STATE	hanka kandanda Madaala ka
Mailing Address	Amalgamated Bank 1825 K St NW Washington CITY STATE	hanka kandanda Madaala ka
Mailing Address	Amalgamated Bank 1825 K St NW Washington CITY STATE	hanka kandanda Madaala ka
Mailing Address Name of Bank, D	Amalgamated Bank [1825 K, St NW [Washington] CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	Amalgamated Bank [1825 K, St NW [Washington] CITY STATE	ZIP CODE

Faxed or Hand Delivered

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HART SENATE OFFICE BUILDING

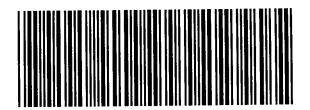
United States Senate

OFFICE OF THE SECRETARY

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

OFFICE OF PUBLIC RECORDS

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