

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

ADDRESS (number and street) **PO BOX 935**
Check if different than previously reported. (ACC) **HELENA MT 59624**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C0008086 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2019 through / / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
HOPKINS, MIKE, , ,
Type or Print Name of Treasurer

Signature of Treasurer HOPKINS, MIKE, , , [Electronically Filed] Date / / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="147375.18"/>	<input type="text" value="147375.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="147375.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20672.01"/>	<input type="text" value="20672.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="168047.19"/>	<input type="text" value="168047.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18551.01"/>	<input type="text" value="18551.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="149496.18"/>	<input type="text" value="149496.18"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="16766.84"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2375.00	2375.00
(ii) Unitemized	17692.15	17692.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20067.15	20067.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20067.15	20067.15
12. Transfers From Affiliated/Other Party Committees.....	351.53	351.53
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	253.33	253.33
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20672.01	20672.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20672.01	20672.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	459.45	459.45
(ii) Non-Federal Share.....	816.80	816.80
(b) Other Federal Operating Expenditures	12583.52	12583.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13859.77	13859.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	4691.24	4691.24
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	4691.24	4691.24
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18551.01	18551.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17734.21	17734.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20067.15	20067.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20067.15	20067.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13042.97	13042.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	253.33	253.33
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12789.64	12789.64

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

A. BELL, BRIAN, J., DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 LEGACY LN

City LIBBY	State MT	Zip Code 59923
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) DOCTOR
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2019

Transaction ID : SA11AI.24582

Amount of Each Receipt this Period

275.00

 Memo Item

B. BOOTH, RICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2008 W BROADWAY STREET

City MISSOULA	State MT	Zip Code 59808-1818
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RICK'S AUTO BODY, INC	Occupation (for Individual) COLLISION REPAIR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2019

Transaction ID : SA11AI.24824

Amount of Each Receipt this Period

300.00

 Memo Item

C. GRIMES, LYLE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5014 LARCH AVE

City MISSOULA	State MT	Zip Code 59802
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2019

Transaction ID : SA11AI.24614

Amount of Each Receipt this Period

300.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

A. JOHNSON, MONTY, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 VALIER CUT BANK HWY
 City VALIER State MT Zip Code 59486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 11 / 2019
Transaction ID : SA11AI.24491
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MORET, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 CHARGER LN
 City BOZEMAN State MT Zip Code 59718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2019
Transaction ID : SA11AI.24904
 Amount of Each Receipt this Period 250.00
 Memo Item

C. NISLEY, ALTHEA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 E US HIGHWAY 212
 City BROADUS State MT Zip Code 59317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2019
Transaction ID : SA11AI.24732
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PIERCE, EDWARD, L., ,

Mailing Address 12283 COUNTY ROAD 347C

City SIDNEY	State MT	Zip Code 59270
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	11	/	2019

Transaction ID : SA11AI.24535

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SHRINER, LOREN, , ,

Mailing Address 3004 ELDORA LN

City MISSOULA	State MT	Zip Code 59803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	09	/	2019

Transaction ID : SA11AI.24642

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	2375.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

A. GIANFORTE-ROSENDALE FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1390 CHAIN BRIDGE RD STE 515

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00682518

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2019

Transaction ID : SA12.24448

Amount of Each Receipt this Period
351.53

Memo Item
JFC TRANSFER: MEMO PREVIOUSLY RECORDED

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	351.53
TOTAL This Period (last page this line number only).....	351.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
EMAIL MARKETING & WEBSITE MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2019

FEC Identification Number

C

Transaction ID : SB21B.24416

Amount of Each Disbursement this Period

290.01

Memo Item

Full Name (Last, First, Middle Initial)

B. CLOCKWORK SYSTEMS

Mailing Address 6001 GLOSTER RD

City
BETHESDA

State
MD

Zip Code
20816-1147

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2019

FEC Identification Number

C

Transaction ID : SB21B.24417

Amount of Each Disbursement this Period

450.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PERKINS, JOHN, , ,

Mailing Address 1527 LESLIE AVE

City
HELENA

State
MT

Zip Code
59601

Purpose of Disbursement
PERKINS REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2019

FEC Identification Number

C

Transaction ID : SB21B.24405

Amount of Each Disbursement this Period

853.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1593.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. BIG SKY PRINTWEAR

Mailing Address 1924 N MONTANA AVE

City HELENA State MT Zip Code 59601

Purpose of Disbursement PERKINS REIMBURSEMENT: COLLATERAL: TEAM JACKETS

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2019

FEC Identification Number

C
 Transaction ID : SB21B.24409
 Amount of Each Disbursement this Period
 750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 2300 N HARRIS STREET

City HELENA State MT Zip Code 59601

Purpose of Disbursement PERKINS REIMBURSEMENT: DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2019

FEC Identification Number

C
 Transaction ID : SB21B.24409
 Amount of Each Disbursement this Period
 103.25

Memo Item

Full Name (Last, First, Middle Initial)

C. PINNACLE LIST COMPANY

Mailing Address 2800 S SHIRLINGTON ROAD SUITE 970

City ARLINGTON State VA Zip Code 22206-3613

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2019

FEC Identification Number

C
 Transaction ID : SB21B.24411
 Amount of Each Disbursement this Period
 463.86

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

463.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. SOUTHWEST PUBLISHING & MAILING CORPORATION

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement
DIRECT MAIL: POSTAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2019

FEC Identification Number

C
Transaction ID : SB21B.24414
Amount of Each Disbursement this Period
2288.25

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST PUBLISHING & MAILING CORPORATION

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement
DIRECT MAIL: POSTAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2019

FEC Identification Number

C
Transaction ID : SB21B.24415
Amount of Each Disbursement this Period
4708.84

Memo Item

Full Name (Last, First, Middle Initial)

C. STEVE BROWN DIRECT MARKETING, LLC

Mailing Address 3864 WEST MILLERS BRIDGE ROAD

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement
DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2019

FEC Identification Number

C
Transaction ID : SB21B.2442t
Amount of Each Disbursement this Period
2651.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9648.92

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. WILAND DIRECT INC

Mailing Address PO BOX 174480

City
DENVER

State
CO

Zip Code
80217-4480

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.24421

Amount of Each Disbursement this Period

733.13

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

733.13

TOTAL This Period (last page this line number only)..... ▶

12439.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 910 MAIN STREET

City BOISE State ID Zip Code 83702

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B.24435
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 910 MAIN STREET

City BOISE State ID Zip Code 83702

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B.24436
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 910 MAIN STREET

City BOISE State ID Zip Code 83702

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B.24437
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HARTER, JOHN, , ,		Date of Disbursement MM / DD / YYYY 01 / 11 / 2019	
Mailing Address PO BOX 935		FEC Identification Number C [] Transaction ID : SB30B.24433 Amount of Each Disbursement this Period [] 672.66	
City HELENA	State MT	Zip Code 59624	Category/ Type []
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. O'CONNER, QUINN, , ,		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019	
Mailing Address 2902 RANGE LINE CIR		FEC Identification Number C [] Transaction ID : SB30B.24439 Amount of Each Disbursement this Period [] 512.43	
City MEQUON	State WI	Zip Code 53092	Category/ Type []
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. STICHT, EMMA, , ,		Date of Disbursement MM / DD / YYYY 01 / 11 / 2019	
Mailing Address 2074 WOOTEN RD		FEC Identification Number C [] Transaction ID : SB30B.24432 Amount of Each Disbursement this Period [] 1165.91	
City HELENA	State MT	Zip Code 59602	Category/ Type []
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2351.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

A. STICHT, EMMA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2074 WOOTEN RD

City HELENA State MT Zip Code 59602

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB30B.24438

Amount of Each Disbursement this Period: 1165.91

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1165.91
TOTAL This Period (last page this line number only).....▶	4691.24

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 21
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor STRATEGIC FUNDRAISING			Nature of Debt (Purpose): FUNDRAISING:VOTER ID TEST
Mailing Address 7800 3RD STREET N SUITE 900			
City SAINT PAUL	State MN	Zip Code 55128-5457	

Outstanding Balance Beginning This Period 10097.34	Transaction ID : SD10.4213	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10097.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE JAMES BROWN LAW OFFICE, PLLC			Nature of Debt (Purpose): LEGAL FEE
Mailing Address 30 S EWING STREET SUITE 100			
City HELENA	State MT	Zip Code 59601-5704	

Outstanding Balance Beginning This Period 1761.00	Transaction ID : SD10.6763	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1761.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE JAMES BROWN LAW OFFICE, PLLC			Nature of Debt (Purpose): LEGAL FEES
Mailing Address 30 S EWING STREET SUITE 100			
City HELENA	State MT	Zip Code 59601-5704	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.24976	
Amount Incurred This Period 4908.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 4908.50

1) SUBTOTALS This Period This Page (optional)..... ▶	16766.84
2) TOTALS This Period (last page this line number only)..... ▶	16766.84
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	16766.84

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.6763

(Current loan amount of 1761.00 from a balance of 1761.00 has been forgiven)(A previous settlement amount of 1761.00 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
 MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

Transaction ID : H1.24408

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.24413
RED CURVE SOLUTIONS
Mailing Address 138 CONANT STREET 2ND FLOOR
City BEVERLY State MA Zip Code 01915
Purpose of Disbursement: COMPLIANCE CONSULTING
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 83.63
Date 01 / 09 / 2019
FEDERAL SHARE 30.11 + NONFEDERAL SHARE 53.52 = TOTAL AMOUNT 83.63

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.24419
PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC
Mailing Address PO BOX 371874
City PITTSBURGH State PA Zip Code 15250-7874
Purpose of Disbursement: POSTAGE
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 86.25
Date 01 / 21 / 2019
FEDERAL SHARE 0.94 + NONFEDERAL SHARE 1.68 = TOTAL AMOUNT 2.62

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.24430
TREASURE STATE INTERNET & TELEGRAPH
Mailing Address 614B NORTH LAST CHANCE GULCH
City HELENA State MT Zip Code 59601
Purpose of Disbursement: PHONE/INTERNET
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 196.25
Date 01 / 23 / 2019
FEDERAL SHARE 39.60 + NONFEDERAL SHARE 70.40 = TOTAL AMOUNT 110.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 70.65, 125.60, 196.25

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MONTANA REPUBLICAN STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.24440** Memo Item
MONTANA AVENUE STORAGE
Mailing Address PO BOX 6355

City HELENA State MT Zip Code 59604-6355

Purpose of Disbursement: STORAGE UNIT RENTAL

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 276.25

Date: 01 / 29 / 2019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.80		51.20		80.00

B. Full Name (Last, First, Middle Initial) **Transaction ID : H4.24441** Memo Item
PERRAULT RENTALS INC
Mailing Address PO BOX 1088

City HELENA State MT Zip Code 59624-1088

Purpose of Disbursement: RENT

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 1276.25

Date: 01 / 29 / 2019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
360.00		640.00		1000.00

C. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date:

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
388.80		691.20		1080.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
459.45		816.80		1276.25