## 30311421

**FEC** 

Only

## STATEMENT OF **ORGANIZATION**

2013 DEC -2 AM 8: 27

(Revised 02/2009)

FORM 1 Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Drew Turiano for Congress Box 6996 ADDRESS (number and street) (Check if address is changed) <sub>•</sub>59604 elena CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) rianoforcongress (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT **OR** AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Andrew Turiano Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

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	F	FEC For	m 1 (Revised 02/2009)	Page 2					
 5.	TYPE	OF C	MMITTEE						
	Can	didate	Committee:						
	(a)	$\times$	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. (Compleinformation below.)	te the candidate					
	Name Candi								
	Candi Party	idate Affiliatio	on REP Office Sought: X House Senate President	State . MT					
	(ċ)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Candi								
	Part	y Com	mittee:						
	(d)			emocratic, publican, etc.) Party.					
	Polit	ical Ad	etion Committee (PAC):						
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:					
			Corporation Corporation w/o Capital Stock	abor Organization					
			Membership Organization Trode Association	Cooperative					
			In addition, this committee is a Lobbyist/Registrant PAC.						
	<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party					
			In addition, this committee is a Lobbyist/Registrant PAC.						
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
-	 Joint	Fundi	aising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal eandidate.	or more political					
(	h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two c committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
		Committees Participating in Joint Fundraiser							
			•	duranthus franktined mad					
		1.							
		2.		r ka marijamanillarmerili sa ani kanansi Ng sanangaranangaranang ananagara na					
		3.	FEC ID number C	Condend of the Amel					
		4.							

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Write or Type Committee Name		
Drew Turiano fo	r Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
	<u></u>	<u> </u>
Mailing Address		<u>.                                     </u>
		<u></u>
	CITY STATE 2	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	dership PAC Sponsor
		·
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Full Name H&R	3 <b>lock</b>	
Mailing Address	¡Shirley Johnson	1 1 1 1 1
Walling Addiess	601 Euclid Ave	
	Helena MTI 59601	
Title or Position	CITY STATE Z	IP CODE
Bookkeeper	Telephone number 406 - 44	3   -  4545
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the names assistant treasurer).	e and address of
Full Name Andre	w Turiano	
Mailing Address	IPO Box 6996	
	1	1 1 1 1 1 1
	Helena MT <sub>i</sub> 59604	. 1-16996
		IP CODE
Title or Position		<b>.</b>
i leasurer	Telephone number	

FEC Form 1 (						
<u></u>	Revised 02/2009)	<del></del>	Page <b>4</b>			
Full Name of Designated Agent						
Mailing Address						
			441444444			
	CITY	STATE	ZIP CODE			
Title or Position	1	ı				
		Telephone numberi				
safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.   Valley Bank						
	<del></del>					
Mailing Address	PO Box 5269					
Mailing Address	[PO Box 5269]					
Måiling Address	PO Box 5269		[59604]-[			
Mailing Address		MT	159604   -			
Mailing Address  Name of Bank, Depos	(Helena city					
	(Helena city					
	(Helena city					
Name of Bank, Depos	(Helena city		ZIP CODE			
Name of Bank, Depos	(Helena city		ZIP CODE			

DREW TURIANO FOR CONGRESS PO BOX 6996 HELENA, MT 59604-6996

:

# 2000.460 # 02 1P # 0002940338 NOV 25 2013 # MAILED FROM ZIP CODE 59601

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Postmark Illegible	· :
No Postmark	:
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
R	12/13
PREPARER (8/2013)	DATE PREPARED
\ /	1