

Image# 201902049145459138

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Gianforte, Greg, , ,			2. Candidate's FEC Identification Number H8MT01182	
(b) Address (number and street) 1320 Manley Rd		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Bozeman MT 59715-8779		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MT 01		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Greg for Montana		
(b) Address (number and street) PO Box 877		
(c) City, State, and ZIP Code Helena MT 59624-0877		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Gianforte Victory Fund		
(b) Address (number and street) PO Box 26141		
(c) City, State, and ZIP Code Alexandria VA 22313-6141		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Gianforte, Greg, , , <i>[Electronically Filed]</i>	Date 02/04/2019
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Form/Schedule: F2A

Transaction ID :

Form/Schedule:

Transaction ID:

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Take Back The House 2020

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda

MD

20824-0844

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GForce

(b) Address (number and street)

PO Box 26141

(c) City, State, and ZIP Code

Alexandria

VA

22313-6141

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Gianforte Daines Victory Committee

(b) Address (number and street)

PO Box 26141

(c) City, State, and ZIP Code

Alexandria

VA

22313-6141

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code