**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Montanans for Tester PO Box 1135 ADDRESS (number and street) (Check if address is changed) Helena 59624 MTCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address testercompliance@bluesummitsolutions.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.jontester.com (Check if address is changed) DATE 2025 C00412304 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Debruycker, Brett, , Date 04 80 2025 Signature of Treasurer Debruycker, Brett, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| Ε | EC Form 1 (Revised 03/2022)   | Page <b>2</b>         |
|---|---|-----------------------|
|   | TYPE OF COMMITTEE:  |                       |
|   | Candidate Committee:  |                       |
|   | (a) X 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 conformation below.)  | andidate              |
|   | Name of Candidate Tester, R., Jon, ,  |                       |
|   | Candidate Party Affiliation  Office Sought:  House  Senate  President   | State MT  District 00 |
|   | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                       |
|   | Name of Candidate   |                       |
|   | Party Committee:  |                       |
|   | (d) This committee is a (National, State or subordinate) committee of the Republican, et  | c.) Party             |
|   | Political Action Committee (PAC):   |                       |
|   | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.  | organization is a:    |
|   | Corporation Corporation w/o Capital Stock Labor Orga  | ınization             |
|   | Membership Organization Trade Association Cooperative   | Э                     |
|   | 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 for committee. (i.e., nonconnected committee)   | und or party          |
|   | In addition, this committee is a Lobbyist/Registrant PAC.   |                       |
|   | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |                       |
|   | (g) This committee is an independent expenditure-only political committee (Super PAC).  |                       |
|   | In addition, this committee is a Lobbyist/Registrant PAC.   |                       |
|   | (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC)   |                       |
|   | In addition, this committee is a Lobbyist/Registrant PAC.   |                       |
|   | Joint Fundraising Representative:   |                       |
|   | (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, at least one of which is an authorized committee of a federal candidate. | nore political        |
|   | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or no committees/organizations, none of which is an authorized committee of a federal candidate.        | nore political        |
|   | Committees Participating in Joint Fundraiser  |                       |
|   | 1C  |                       |

| !  | FEC Form 1 (Revised 0                                      | 2/2009)   | Page <b>3</b>         |
|----|--|---|-----------------------|
| V  | /rite or Type Committee Name                               |   |                       |
|    | Montanans for T  | ester   |                       |
| 6. | -  | rganization, Affiliated Committee, Joint Fundraising Representative, or Leader                      | rship PAC Sponsor     |
|    | Tester Victory Fund  |   |                       |
|    |  |   |                       |
|    | Mailing Address  | 946 Bandmann Trl  |                       |
|    |  |   |                       |
|    |  | Missoula  |                       |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲            |
|    | Relationship: Connected                                    | Organization Affiliated Organization X Joint Fundraising Representative                             | Leadership PAC Sponso |
|    |  |   |                       |
| 7. | Custodian of Records: Ident books and records.             | fy by name, address (phone number optional) and position of the person in posses                    | sion of committee     |
|    | Moore, Tra   | cie, , ,  |                       |
|    | Full Name  |   |                       |
|    | Mailing Address  | PO Box 1135   |                       |
|    |  |   |                       |
|    |  | Helena  |                       |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲            |
|    | Title or Position ▼  |   |                       |
|    | Assistant Treasurer  |   | 401 - 0501            |
|    |  |   |                       |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer). | name and address of   |
|    | Full Name Debruycke  | , Brett, , ,  |                       |
|    | of Treasurer   | DO D. 1405  |                       |
|    | Mailing Address  | PO Box 1135   |                       |
|    |  |   |                       |
|    |  | Helena  |                       |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲            |
|    | Title or Position ▼  |   |                       |
|    | Treasurer  |   | 401 - 0501            |

| Full Name of Designated Agent   |               |
|---|---------------|
|   |               |
| Mailing Address   |               |
|   |               |
|   |               |
|   | CODE A        |
| Title or Position ▼   |               |
|   |               |
| . Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds acc safety deposit boxes or maintains funds. | counts, rents |
| Name of Bank, Depository, etc.  |               |
| First Interstate Bank  Mailing Address  PO Box 4667   |               |
|   |               |
| Missoula MT 59801   |               |
| CITY ▲ STATE ▲ ZIP  | CODE A        |
| Name of Bank, Depository, etc.  |               |
| Woodsboro Bank  |               |
| Mailing Address 5 N Main Street   |               |
|   |               |
| Woodsboro MD 21798  |               |
| CITY ▲ STATE ▲ ZIP  | CODE A        |

|      | 0               |
|------|-----------------|
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|  | ng Participant:  |                            |                           |
|--|--|----------------------------|---------------------------|
| 1.   |  | FEC ID number              | С                         |
| 2.   |  | FEC ID number              | С                         |
| 3.   |  | FEC ID number              | С                         |
| 4.   |  | FEC ID number              | С                         |
| ame of Any Connected   | Organization, Affiliated Committee, Joint Fun  | draising Representative    | e, or Leadership PAC Spon |
| 2024 DEM SENATE  | VICTORY: AZ + MT + PA + DSCC   |                            |                           |
|  |  |                            |                           |
| Mailing Address  | 120 MARYLAND AVE NE  |                            |                           |
|  |  |                            |                           |
|  | WASHINGTON   | DC                         | 20002                     |
| Relationship:  | CITY ▲   | STATE ▲                    | ZIP CODE ▲                |
| Connecte   | d Organization Affiliated Committee X Joint by by name, address (phone number – optional)  | int Fundraising Representa |                           |
|  |  | 1                          | Leadership PAC Sp         |
| esignated Agent: Identi  |  |                            |                           |
| esignated Agent: Identi  |  |                            |                           |
| esignated Agent: Identi  |  |                            |                           |
| esignated Agent: Identi  | y by name, address (phone number – optional)   | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  | y by name, address (phone number – optional)  CITY   |                            |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice aintains funds. | STATE A Telephone Number   | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,                | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice aintains funds. | STATE A  Telephone Number  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice aintains funds. | STATE A  Telephone Number  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice aintains funds. | STATE A  Telephone Number  | ZIP CODE A                |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| 1.                      |  | FEC ID number            | С                          |
|-------------------------|--|--------------------------|----------------------------|
| 2.                      |  | FEC ID number            | C                          |
| 3.                      |  | FEC ID number            | С                          |
| 4.                      |  | FEC ID number            | С                          |
|                         |  |                          |                            |
| Name of Any Connecte    | d Organization, Affiliated Committee, Joint Fund | Iraising Representativ   | e, or Leadership PAC Spons |
| SCHIFF(T) THE SE        | NATE   |                          |                            |
|                         |  |                          |                            |
|                         | 611 PENNSYLVANIA AVE SE                          |                          |                            |
| Mailing Address         |  |                          |                            |
|                         | SUITE 143  |                          |                            |
|                         | WASHINGTON                                       | DC L                     | 20003                      |
| Relationship:           | CITY ▲   | STATE ▲                  | ZIP CODE ▲                 |
|                         |  | nt Fundraising Represent | ative Leadership PAC Spo   |
|                         | Affiliated Committee X Join                      | t Fundraising Represent  | alive Leadership FAC Spi   |
| Designated Agent: Ident |  | t Fundraising Represent  | alive Leadership FAC Spi   |
| Designated Agent: Ident |  | t Fundraising Represent  | alive Leadership FAC Spi   |
| Designated Agent: Ident |  | t Fundraising Represent  | Leadership FAC Spir        |
| Designated Agent: Ident | tify by name, address (phone number – optional)  |                          |                            |
| Designated Agent: Ident | cify by name, address (phone number – optional)  | STATE A                  | ZIP CODE A                 |

| Paga | of <sup>9</sup> |  |
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| Page | OT ~            |  |

| h). <b>Joint Fundraisin</b>   | g Participant:  |                           |                           |
|---|---|---------------------------|---------------------------|
| 1   |   | FEC ID number             | С                         |
| 2.  |   | FEC ID number             | C                         |
| 3.  |   | FEC ID number             | C                         |
| 4.  |   | FEC ID number             | С                         |
|   |   |                           |                           |
| ame of Any Connected  | Organization, Affiliated Committee, Joint Fund  | draising Representative   | e, or Leadership PAC Spon |
| DEM SENATE VICTO  | DRY 2024  |                           |                           |
|   |   |                           |                           |
| Mailing Address   | 611 PENNSYLVANIA AVE SE   |                           |                           |
| Mailing Address   | SUITE 143   |                           |                           |
|   | WASHINGTON  | ı ı DC ı                  | 20003                     |
| Relationship:   |   |                           |                           |
| neiationship.   | CITY A  | STATE ▲                   | ZIP CODE ▲                |
|   | d Organization Affiliated Committee X Joi y by name, address (phone number – optional)  | nt Fundraising Representa | tive Leadership PAC Sp    |
|   |   |                           |                           |
| esignated Agent: Identify   | y by name, address (phone number – optional)  | STATE A                   | ZIP CODE A                |
| esignated Agent: Identify  Full Name  Mailing Address   | y by name, address (phone number – optional)  CITY  |                           |                           |
| esignated Agent: Identify  Full Name  Mailing Address   | y by name, address (phone number – optional)  CITY  | STATE A                   |                           |
| esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail                          | y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number  | ZIP CODE A                |
| esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. | y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number  | ZIP CODE A                |
| esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail                          | y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number  | ZIP CODE A                |
| esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. | y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number  | ZIP CODE A                |

| Page | of <sup>9</sup> |  |
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| h). <b>Joint Fundraisi</b>  | ng Participant:  |                           |                                |
|---|--|---------------------------|--------------------------------|
| 1.  |  | FEC ID number             | С                              |
| 2.  |  | FEC ID number             | С                              |
| 3.  |  | FEC ID number             | С                              |
| 4.  |  | FEC ID number             | C                              |
|   |  |                           |                                |
| WA SENATE VICTO   | I Organization, Affiliated Committee, Joint Fund<br>PRY FUND   | draising Representative   | e, or Leadership PAC Spons     |
|   |  |                           |                                |
|   |  |                           |                                |
| Mailing Address   | 401 2ND AVENUE SOUTH   |                           |                                |
|   | SUITE 303  |                           |                                |
|   | SEATTLE  | WA                        | 98104                          |
| Relationship:   | CITY ▲   | STATE ▲                   | ZIP CODE ▲                     |
| Connecte esignated Agent: Identi  | Affiliated Committee X Jointy Jointy Jointy By name, address (phone number – optional)   | nt Fundraising Representa |                                |
|   |  |                           |                                |
| esignated Agent: Identi   | fy by name, address (phone number – optional)  | STATE A                   | ZIP CODE A                     |
| esignated Agent: Identi  Full Name  Mailing Address   | fy by name, address (phone number – optional)  |                           | ZIP CODE A                     |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY  | STATE A Telephone Number  |                                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which                  | STATE A Telephone Number  |                                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds. | STATE A Telephone Number  | s funds, holds accounts, rents |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,                          | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds. | STATE A Telephone Number  | s funds, holds accounts, rents |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds. | STATE A Telephone Number  | s funds, holds accounts, rents |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds. | STATE A Telephone Number  | s funds, holds accounts, rents |

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| r(h). <b>Joint Fundraisin</b> | g Participant:               |                      |                        |                              |
|-------------------------------|------------------------------|----------------------|------------------------|------------------------------|
| 1.                            |                              |                      | FEC ID number          | C                            |
| 2.                            |                              |                      | FEC ID number          | C                            |
| 3.                            |                              |                      | FEC ID number          | C                            |
| 4.                            |                              |                      | FEC ID number          | С                            |
|                               |                              |                      |                        |                              |
| Name of Any Connected         | Organization, Affiliated Con | nmittee, Joint Fundr | aising Representative  | e, or Leadership PAC Sponsor |
| BOOKER SENATE M               | AJORITY                      |                      |                        |                              |
|                               |                              |                      |                        |                              |
|                               |                              |                      |                        |                              |
| Mailing Address               | 600 PENNSYLVANIA AVE         | SE #15180            |                        |                              |
|                               |                              |                      |                        |                              |
|                               | WASHINGTON                   |                      | ı DCı                  | 20003                        |
| Relationship:                 |                              | ·Y ▲                 | STATE ▲                | ZIP CODE A                   |
| rtelationship.                | CIT                          |                      | Fundraising Representa |                              |
| Full Name                     |                              |                      |                        |                              |
| Mailing Address               |                              |                      |                        |                              |
|                               |                              |                      |                        |                              |
|                               |                              |                      |                        |                              |
|                               | 1                            |                      | 1 1 . 1                | 1                            |
|                               | CITY                         | <u> </u>             | STATE A                | ZIP CODE A                   |
| TITLE OR POSITION             | CITY                         |                      | STATE ▲                | ZIP CODE ▲                   |