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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Winter for Montana P.O. Box 8248 ADDRESS (number and street) (Check if address is changed) Missoula 59807 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jay@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.winterformontana.com/ (Check if address is changed) DATE 02 2019 C00700963 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Bessette, Barbara, , , Type or Print Name of Treasurer Bessette, Barbara, , , [Electronically Filed] 04 02 2019 Signature of Treasurer Date 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 (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

EEO Fo	rm 1 (Ravised 02/2000)	Page 2
TYPE OF C	OMMITTEE	Page 2
	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. (Corinformation below.)	nplete the candidate
Name of Candidate	Winter, Thomas, , ,	
Candidate Party Affiliati	on DEM Office Sought: X 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 Con		(Damas, "
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	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 s committee. (i.e., nonconnected committee)	egregated 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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name		
Winter for Monta	ana	
6. Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the $\ensuremath{\text{\mu}}$	person in possession of committee
Petterson,	lay, , ,	
Full Name	,119 1st Avenue South	
Mailing Address	Suite 320	
	Seattle	98104
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	206 682 7328
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee ssistant treasurer).	; and the name and address of
Full Name Bessette, B	arbara, , ,	ı
of Treasurer	IP.O. Box 8248	
Mailing Address	1 .O. DOX 0240	
	Missoula MT	59807
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	206 682 7328

Full Name of Designated P Agent	Petterson, Jay, , ,	
Mailing Address	119 1st Avenue South	
-	Suite 320	
	Seattle WA 98104	1-1
	CITY STATE ZIP	CODE
Title or Position Assistant Treasurer	Telephone number 206 – 682	7328
Banks or Other De	epositories: List all banks or other depositories in which the committee deposits funds, holds acc	counts, rents
	s or maintains funds.	
safety deposit boxes Name of Bank, Dep		
Name of Bank, Dep		
Name of Bank, Dep	pository, etc.	
Name of Bank, Dep	oository, etc. Wells Fargo	
Name of Bank, Dep	oository, etc. Wells Fargo	
Name of Bank, Dep	Wells Fargo 234 West Main Street Missoula MT 59802	CODE
Name of Bank, Dep	Wells Fargo 234 West Main Street Missoula CITY STATE ZIP	CODE
Name of Bank, Dep	Wells Fargo 234 West Main Street Missoula CITY STATE ZIP	CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	Wells Fargo 234 West Main Street Missoula CITY STATE ZIP	CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	Wells Fargo 234 West Main Street Missoula CITY STATE ZIP	CODE
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