Image# 2	2024040296274	456183
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Image# 202404029627456183 FEC FORM 1	STATEMENT OF ORGANIZATION		04/02/2024 13 : 51 PAGE 1 / 12
1. NAME OF	(Check if name Example: If typing, type	Office Us	e Only
COMMITTEE (in full)	is changed) over the lines.		
Montanans for Teste	ər 		
ADDRESS (number and street)	PO Box 1135		
(Check if address is changed)			
<i>3</i> ,	Helena	MT 59624	
	CITY ▲	STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRES	S		
<ul> <li>(Check if address is changed)</li> </ul>	testercompliance@bluesummitsolutions.com		
	Optional Second E-Mail Address		
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	RESS (URL) http://www.jontester.com		
2. DATE 02 / 07	2024		
3. FEC IDENTIFICATION NU	MBER ► C C00412304		
4. IS THIS STATEMENT	NEW (N) OR × AMENDED (A)		
I certify that I have examined this	s Statement and to the best of my knowledge and belief it	is true, correct and comp	olete.
Type or Print Name of Treasurer	Debruycker, Brett, , ,		
Signature of Treasurer Debruy	/cker, Brett, , ,	Date 04 02	
NOTE: Submission of false, erroned	ous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED		ies of 52 U.S.C. §30109.

	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)	
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FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) Х This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Tester, R., Jon, , Candidate State MT Candidate Office DEM Senate House President Party Affiliation Sought: District 00 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 segregated fund or party committee. (i.e., nonconnected committee) 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).

(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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 (j) Committees Participating in Joint Fundraiser
 1.
 2.

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	FEC Form 1 (Revised 02/2009)	Page 3
N	Vrite or Type Committee Name	
	Montanans for Tester	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	Tester Victory Fund	
-		

Mailing Address	946 Bandmann Trl			
	Missoula		MT5	59802
	CII	TY ▲	STATE A	ZIP CODE
Relationship: Connected	Organization Affiliated O	rganization 🗙 Joint F	undraising Representative	Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Moore, Trac	;ie, , ,																							
Full Name																									
Mailing Address		PO Box 1	135																						
		Helena													M	T 		59	)624 						
						CI	ΤY							S	TAT	ΓE				Z	IP (	DE			
Title or Position $\mathbf{v}$																									
Assistant Treasurer	r 									Tele	epho	one	nu	mbe	er	l	314		-	40	)1		05	01 	

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Debruycker, Brett, , ,
Mailing Address	PO Box 1135
	Helena MT 59624
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	314      401      0501

FEC Form 1 (Revised 02	2/20	009	9)																			Pag	e Z	1		
Full Name of Designated Agent								 	 	 															1	
Mailing Address																										
						Cľ	ΤY							5	ST/	ΛTE				ZI	P(		ЭE			
Title or Position ▼																										
										Tele	eph	one	e n	umt	ber				- [							

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First I	nterstate Bank		
Mailing Address	PO Box 4667		
	Missoula	MT 59801	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depositor	y, etc.		
	gamated Bank		
Mailing Address	1825 K Street, NW		
	Washington	DC 20006	
		STATE A	ZIP CODE

1			
2.		FEC ID numbe	er C
		FEC ID numbe	er C
3.		FEC ID numbe	er C
4.		FEC ID numbe	er C
	Organization, Affiliated Committee, Joint Fundra	ising Representa	tive, or Leadership PAC Sponsor
Blue Senate Candidat			
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	1		
	Washington	DC	20003
Relationship:		STATE	
Connected	Organization Affiliated Committee X Joint	Fundraising Repres	entative Leadership PAC Sponso
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify	by name, address (phone number - optional)		
	by name, address (phone number - optional)		
Full Name	by name, address (phone number - optional)		
Full Name	by name, address (phone number - optional)		
Full Name			<pre></pre>
Full Name		<pre></pre>	<pre></pre>

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5(g) d	or (h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Senate OH & MT			
	Mailing Address	600 PENNSYLVANIA AVE SE #15180		
		Washington		20003
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	v by name, address (phone number - optional)		
8.	Designated Agent: Identify	v by name, address (phone number – optional)		
8.		y by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			
8.	Full Name			
8.	Full Name		ephone Number	
	Full Name Mailing Address TITLE OR POSITION		ephone Number	
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	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main         Name of Bank,         Depository, etc.		ephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main         Name of Bank,         Depository, etc.		ephone Number	

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1.			FEC	ID number	С			
2.			FEC	ID number	С			
3.			FEC	ID number	С			
4.			FEC	ID number	С			
lame of Any Connected (	Organization, Af	iliated Committee, Join	t Fundraising I	Representative	e, or Lead	dership	PAC Spo	onso
Victory Now for Tester								
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	PO BOX 65322	)	· · · · · ·					
Mailing Address								
	Washington				200	35		
				STATE 🔺		ZIP (		
	Organization		🗙 Joint Fundrai		ative		hip PAC	
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Connected		Affiliated Committee			ative			
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Connected	by name, addres	Affiliated Committee		sing Represent	ative	Leaders	ship PAC	

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5(g) or (h).	Joint Fundraising	Participant:			
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:	2.		FEC	ID number	С
:	3.		J FEC	ID number	С
	4. 🔄 🖂 🖂 🖂		FEC	ID number	C
		Organization, Affiliated Committee, Joint Fu	ndraising Re	epresentative	e, or Leadership PAC Sponsor
		<b>4</b> 			
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	Mailing Address	600 PENNSYLVANIA AVE SE #15180			
		Washington			
	Relationship:	CITY A		STATE A	ZIP CODE A
	Connected	Organization	loint Fundraisi	ng Representa	ative Leadership PAC Sponsor
	Full Name	by name, address (phone number – optional			
	Mailing Address				
				STATE ▲	
			Telephone		
			-	Number	
9. <b>Ban</b> safe		es: List all banks or other depositories in wh	-	Number	
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safe Nan	<b>hks or Other Depositori</b> ety deposit boxes or mair ne of Bank, pository, etc.	es: List all banks or other depositories in wh	-	Number	

5(g) or (h)	). Joint Fundraising	Participant:			
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	3.			FEC ID number	С
	4.			FEC ID number	С
6. <b>Na</b> r	me of Any Connected (	Organization Affiliated Comm	ittee Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	The Liftoff Fund	- <b>3</b>			,
L					
	Mailing Address	600 Pennsylvania Ave. SE			
		#15180			
		Washington			20003
	Relationship:	CITY .	▲ · · · · · · · ·	STATE A	
	Connected	Organization Affiliated Com	mittee 🗙 Joint	Fundraising Representa	ative
8. <b>Des</b>	signated Agent: Identify	by name, address (phone num	ber – optional)		
	signated Agent: Identify	by name, address (phone num	ber – optional)		
		by name, address (phone num	ber - optional)		
	Full Name	by name, address (phone num	ber - optional)		
	Full Name	by name, address (phone num	ber - optional)		
	Full Name		ber - optional)		<pre></pre>
	Full Name				
	Full Name			STATE	
9. <b>Ba</b> r	Full Name		Tel	ephone Number	
9. <b>Ba</b> r	Full Name		Tel	ephone Number	
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4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	aising Representative	e, or Leadership PAC Sponso
Blue Senate 2024			
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	Washington		20003
		STATE ▲	ZIP CODE ▲ ative Leadership PAC Spor
Connected Designated Agent: Identify			
Connected Designated Agent: Identify Full Name	d Organization		
Connected Designated Agent: Identify	d Organization		
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Connected Designated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Spor
Connected Designated Agent: Identify Full Name Mailing Address	Affiliated Committee Solution		

g) or (h).	Joint Fundraising	Participant:			
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Namo	of Any Connected (	Drganization, Affiliated Committe	o loint Eundrai	sing Poprosontativ	o or Loadershin BAC Sponsor
	NV VICTORY FUN				
	Mailing Address	611 PENNSYLVANIA AVE SE			
		SUITE 143			
					20003
	Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Commi	ttee X Joint F	undraising Represent	ative Leadership PAC Sponso
-	Ill Name	by name, address (phone number			
M	ailing Address				
т	TILE OR POSITION			STATE A	ZIP CODE
L			Tele	phone Number	
Name	deposit boxes or mai of Bank, itory, etc.		ories in which th	e committee deposit	ts funds, holds accounts, rents
Name	deposit boxes or mai of Bank,		ories in which th	e committee deposit	ts funds, holds accounts, rents
Name	deposit boxes or mai of Bank, itory, etc.		Provision         Provide         Provid         Provide         Provide         <	e committee deposit	ts funds, holds accounts, rents
Name	deposit boxes or mai of Bank, itory, etc.		in which th       i	e committee deposit	ts funds, holds accounts, rents

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Y 2024	PO BOX 65322			FEC IE	) number ) number	C C	rship PAC S	;ponsor
Y 2024	PO BOX 65322			FEC II	) number	С	rship PAC S	iponsor
Y 2024	PO BOX 65322		e, Joint Fund				rship PAC S	iponsor
Y 2024	PO BOX 65322		e, Joint Fund	raising Rep	presentative	, or Leade	rship PAC S	<b>;ponsor</b>
Y 2024	PO BOX 65322		e, Joint Fund	raising Rep		, or Leade	rship PAC S	Sponsor
Address								
Address								
	WASHINGTON							
	WASHINGTON							
						20035		
ship:		CITY 🔺			STATE		ZIP CODE	
	y name, addres	s (phone number	<ul> <li>optional)</li> </ul>					
ldress								
R POSITION	,	CITY A			STATE 🔺	-		<b>k</b>
			T	elephone N	umber			
	gent: Identify b ddress R POSITION ▼ her Depositorie	e   ddress         R POSITION ▼	agent: Identify by name, address (phone number ddress R POSITION ▼ CITY ▲ her Depositories: List all banks or other deposit	agent: Identify by name, address (phone number – optional)  address  ddress  CITY ▲  rer Depositories: List all banks or other depositories in which	agent: Identify by name, address (phone number – optional)  address  ddress  CITY ▲  R POSITION ▼  CITY ▲  Telephone N  mer Depositories: List all banks or other depositories in which the commi	agent: Identify by name, address (phone number – optional)  address  ddress  CITY ▲ STATE ▲  Telephone Number  Telephone Number	agent: Identify by name, address (phone number – optional)         address         address         Imagent: Identify by name, address (phone number – optional)         address         Imagent: Identify by name, address (phone number – optional)         Class         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone number – optional)         Imagent: Identify by name, address (phone num	Imagent: Identify by name, address (phone number – optional)         iddress         iddress <t< td=""></t<>