

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2009 MAR 26 7:10 PM '09

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

C i t i z e n s f o r R e s p o n s i b l e G o v e r n m e n t

E m p l o y e e s o f M S E , I n c .

ADDRESS (number and street)

P . O . B o x 4 0 7 8

(Check if address is changed)

B u t t e M T 5 9 7 0 1 - 4 0 7 8

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

l e e . b l a c k @ m s e - t a . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N A

2. DATE

0 3 / 2 4 / 2 0 0 9

3. FEC IDENTIFICATION NUMBER

C 0 0 2 1 8 1 3 1

4. 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.

Type or Print Name of Treasurer William F. Robinson

Signature of Treasurer

[Handwritten Signature]

Date

0 3 / 2 4 / 2 0 0 9

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

29030060184

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

- (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 \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

29030060185

Write or Type Committee Name

Citizens for Responsible Government - Employees of MSE, Inc.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N O C h a n g e

Mailing Address

Grid for mailing address, including fields for CITY, STATE, and ZIP CODE.

Relationship: [ ] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising 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.

Full Name

N o C h a n g e

Mailing Address

Grid for mailing address, including fields for CITY, STATE, and ZIP CODE.

Title or Position

CITY

STATE

ZIP CODE

Grid for title or position.

Telephone number

Grid for telephone number.

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

Full Name of Treasurer

N o C h a n g e

Mailing Address

Grid for mailing address, including fields for CITY, STATE, and ZIP CODE.

Title or Position

Grid for title or position.

Telephone number

Grid for telephone number.

29030060186

Full Name of Designated Agent

Don Foley

Mailing Address

P.O. Box 4078

Butte

CITY

MT

STATE

59701

ZIP CODE

4078

Title or Position

Controller

Telephone number

406

494

7313

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.

Glacier Bank

Mailing Address

1880 Harrison Avenue

Butte

CITY

MT

STATE

59701

ZIP CODE

4078

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030060187

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Juss*  
 PREPARER

*3/26/09*  
 DATE PREPARED

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