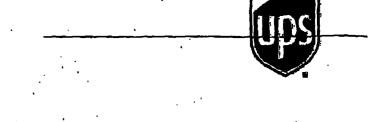
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The UPS Store

	To:	FEC			Fax #:	202	- 219	-017	4
	Date:	2/21/0	08		5 # of Page	s (including	cover sheet)		
o	From:	Jim H	lunti Fo	R Conc	Pess Phone #:	406	-465-2	88200	~
1220	Subje	<u>ct: Fec</u>	FORM	.1 :	STATEMENT	of C	RGANIZA	TION	
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FEC FORM 1	STATEMENT OF ORGANIZATION	Office Uso Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, typ	
JIM HUNT	FOR CONGRESS	
ADDRESS (number and streat	, P.O. Box 449	
(Check if address is changed)	HELENA	MT 59624
Committee's e-mail add	CITY	STATE ZIP CODE
infochunt	forcongress.com	· · · · · ·
www.huntf	orcongress.com	
COMMITTEE'S FAX NUMBE 406 495 1		. .
406 495 1		. <u>.</u>
2. DATE OZ 3. FEC IDENTIFICATION	660 zo zo 08 NUMBER C	Δ)
406 495 1 2. DATE 02 3. FEC IDENTIFICATION 4. IS THIS STATEMENT	660 ZOZOO8 NUMBER C X NEW (N) OR AMENDED (d this Statement and to the best of my knowledge and be	
406 495 1 2. DATE 02 3. FEC IDENTIFICATION 4. IS THIS STATEMENT	660 ZOZOO8 NUMBER C X NEW (N) OR AMENDED (d this Statement and to the best of my knowledge and be ZULL KENNERY	liel it is true, correct and complete.
406 495 1 2. DATE 02 3. FEC IDENTIFICATION 4. IS THIS STATEMENT 1 certify that I have examined Type or Print Name of Treasu	660 ZOZOO8 NUMBER C X NEW (N) OR AMENDED (d this Statement and to the best of my knowledge and be	Date $\ensuremath{ \circ 2}$ 2002 on $\ensuremath{ 2}$

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PAGE 02

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FEC For	m 1 (Revised 12/2007)			Page 2					
TYPE OF CO									
Candidate	Committee:								
(8) X	This committee is a principal campaig	n committee. (Comp	cte the candidate information	in below.)					
(b) _.	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
Name of Candidate	JIM HUNT								
	Office		• · •	State M					
Party Affiliatio	n DEM Sought:	X House	Senalø Pre	District O					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Name of Candidate									
Party Com	mitt ee :			. .					
(d)	This committee is a	(National, State or subordinate) co	mmittee of the	(Democratic, Republican, etc.) Pa					
Political Ac	blitical Action Committee (PAC):								
(e)	This committee is a separate segregel	ed fund, (Identify cor	nected organization on line	6.) its connected organization					
	Corporation	Corporation w/o Capital Stock		Labor Organizatio					
	Membership Organization	Trade A	ssociation	Cooperative					
(1)	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 L	eadership PAC. (Ide	ntily sponsor an line 6.)						
Joint Fundr	aising Representative:								
g)	This committee collects contributions, pa committees/organizations, at least one o								
g)	This committee collects contributions, pa	f which is an authoriz ys fundraising expen	ed committee of a federal ca	andidate. eds for two or more political					
g) .	This committee collects contributions, pa committees/organizations, at least one o This committee collects contributions, pa	f which is an authon ys fundraising expen i is an authorized cor	ed committee of a federal ca	andidate. eds for two or more political					
g) .	This committee collects contributions, pa committees/organizations, at least one o This committee collects contributions, pa committees/organizations, none of which hittees Participating in Joint Fundra	f which is an authon ys fundraising expen is an authorized cor Iser	red committee of a federal ca ses and disburses net proce omfittee of a federal candidate	andidate. eds for two or more political e.					
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FEC Form 1 (Revised 12	//2007)		Page 3
Write or Type Committee Name	C		
JIM HUNT	FOR CONGRESS		
Name of Any Connected Or	ganization, Affiilated Committee, Leadership	p PAC Sponsor or Joint Fundrals	ing Representative
NONE			
Malling Address	· · ·		
Maning Address			· ·
	CITY	STATE	ZIP CODE
Relationship:	UIT 7	JIAIE	
Connected Organization	Affiliated Committee Leadership	PAC Sponsor Joint Fundra	Ising Representative
	KENNEDY		
Malling Address	902 PARKHILL DR	175	
,	BILLINGS		
\$		MT. 59	102
	CITY	STATE	
Title or Position			
TREASURER		lephone number 406	698 5229
Treasurer: List the name and a any designated agent (e.g., as:	address (phone number optional) of the tree sistant treasurer).	asurer of the committee; and the r	name and address of
Treasurer: List the name and a any designated agent (e.g., ass Full Name of Treasurer B 1 L L.	address (phone number optional) of the tree sistant treasurer). KEVNEDY	asurer of the committee; and the r	ng address of
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FEC Form 1 (Revise	d 12/2007)					Page 4
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	HELENA	СПУ		MT STATE	5962 210	
Title or Position		•				
ASSISTRAT	TREAS	ARER	Telephone nu	mber 4	06 544	1.9366
safety deposit boxes or main Name of Bank, Depository, e	etc.	ICST R				
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			NK, N.A.			
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