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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. TROY DOWNING FOR US SENATE PO BOX 6668 ADDRESS (number and street) (Check if address is changed) **BOZEMAN** 59771 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS troy@troydowning.com (Check if address X is changed) Optional Second E-Mail Address inunes@acselfstorage.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00640052 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. Downing, Troy, , , Type or Print Name of Treasurer Downing, Troy, , , [Electronically Filed] 05 2022 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

| | FF6 = | 4 (Davis et 00/000) | D | | | | |
|-------------|--|---|--|--|--|--|--|
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| | | COMMITTEE 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.) | | | | | |
| Nam Can | ne of didate | downing, troy, , , | | | | | |
| | didate y Affiliati | on rep Office Sought: House X Senate President | State MT District | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Nam Cand | e of didate | | | | | | |
| Par | ty Con | nmittee: | | | | | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. | | | | |
| Poli | itical A | ction Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | 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 segre 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.) | | | | | |
| Join | nt Fund | Iraising Representative: | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political | | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political | | | | |
| | Com | Committees 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 | e Name | |
| TROY DOW | NING FOR US SENATE | |
| 6. Name of Any Conne | ected Organization, Affiliated Committee, Joint Fundraising Representative | ve, or Leadership PAC Sponsor |
| NONE | | |
| <u> </u> | | |
| 24-11 2 ddunoo | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| II | | _ |
| Relationship: Cor | nnected Organization Affiliated Committee Joint Fundraising Represer | ntative Leadership PAC Sponsor |
| Custodian of Becord | ls: Identify by name, address (phone number optional) and position of the | porson in possession of committee |
| books and records. | 5. Identity by Hame, address (prione humber optional) and position of the | person in possession or committee |
| | wning, Troy, , , | |
| Full Name | PO Box 6668 | |
| Mailing Address | 1 | |
| | Bozeman | 59771 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 406 - 451 - 1475 |
| . Treasurer: List the na any designated agent | me and address (phone number optional) of the treasurer of the committe (e.g., assistant treasurer). | ee; and the name and address of |
| Full Name Dov | wning, Troy, , , | |
| Mailing Address | PO Box 6668 | |
| | | |
| | Bozeman | 59771 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | 406 - 451 - 1475 |
| | | |

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|---|-----------------------------------|---------------------------------------|--|--|--|--|
| | | | | | | |
| Full Name of Designated Agent | Nunes, Jon, , , | , , , , , , , , , , , , , , , , , , , | | | | |
| Mailing Address | 2100 Palomar Airport Road | | | | | |
| <u> </u> | Suite 204 | | | | | |
| | Carlsbad CA 92011 CITY STATE ZIF | P CODE | | | | |
| Title or Position Associate | | 2 7958 | | | | |
| 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. | | | | | | |
| | American Bank of Montana | | | | | |
| Mailing Address | PO Box 161250 | | | | | |
| | Big Sky MT 59716 | | | | | |
| | CITY STATE ZI | P CODE | | | | |
| Name of Bank, D | Depository, etc. | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE ZI | P CODE | | | | |