Only

STATEMENT OF

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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. MONTANA REPUBLICAN STATE CENTRAL COMMITTEE PO BOX 935 ADDRESS (number and street) (Check if address is changed) **HELENA** 59624 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TREAS@MTGOP.ORG (Check if address is changed) Optional Second E-Mail Address katie.montana.campaigns@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://mtgop.org/ (Check if address is changed) DATE 29 2020 C00008086 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. HOPKINS, MIKE, , , Type or Print Name of Treasurer HOPKINS, MIKE, , , [Electronically Filed] 02 03 2021 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

Local 202-694-1100

ı	FFC For	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	1 49 0 £
Can	didate	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. (Compleinformation below.)	te the candidate
Name Cand	e of lidate		
	lidate ⁄ Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	
(d)	×	CTA I ' I DED II '	emocratic, publican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.)	cted organization is a
•			abor 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)	egated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Nar	me	
MONTANA RE	EPUBLICAN STATE CENTRAL COMMITTE	E
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NRSC TARGETED S	STATE VICTORY	
Mailing Address	PO BOX 60148	
J		
	WASHINGTON DC 20039	
	CITY STATE	ZIP CODE
Relationship: Connect	cted Organization Affiliated Committee X Joint Fundraising Representative Le	adership PAC Sponsor
 Custodian of Records: Id books and records. 	dentify by name, address (phone number optional) and position of the person in pos	ssession of committee
HOPKIN Full Name	NS, MIKE, , ,	
	PO BOX 935	
Mailing Address		
	HELENA	935
Title or Position	CITY STATE	ZIP CODE
TREASURER		531 1775
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the na ., assistant treasurer).	me and address of
	NS, MIKE, , ,	I
of Treasurer	IPO BOX 935	
Mailing Address		
	LIFIENA	005
	HELENA MT 59624-09 CITY STATE	935 ZIP CODE
Title or Position TREASURER		531 1775 .

406

Telephone number

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, I	Depository, etc.	
Name of Bank, I	STOCKMAN BANK 700 MAIN STREET MILES CITY MT 59301	
	STOCKMAN BANK 700 MAIN STREET MILES CITY MT 59301	ZIP CODE
	STOCKMAN BANK 700 MAIN STREET MILES CITY MT 59301 CITY STATE	ZIP CODE
Mailing Address	STOCKMAN BANK 700 MAIN STREET MILES CITY MT 59301 CITY STATE	ZIP CODE
Mailing Address Name of Bank, I	STOCKMAN BANK 700 MAIN STREET MILES CITY MT 59301 CITY STATE Depository, etc.	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h),

Page _____ **of** ______

n). Joint Fundraisi i	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
7.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
DAINES MONTA	NA VICTORY COMMITTEE		
	200 C Weshington Ct. Cts 445		
Mailing Address	228 S Washington St., Ste 115		
	Alexandria	VA VA	22314
	OITV A	STATE ▲	ZIP CODE ▲
Relationship:	CITY A	0.7.1.2 =	
Connecte		nt Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee		Leadership PAC S
Connecte	d Organization Affiliated Committee		Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee		Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	Affiliated Committee Join Ty by name, address (phone number – optional)	nt Fundraising Representa	
Connecte esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y Join y by name, address (phone number – optional) CITY	nt Fundraising Representa	
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or m	Affiliated Committee	STATE Stephone Number	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, CHAIN epository, etc.	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE Stephone Number	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Anks or Other Deposite fety deposit boxes or mame of Bank, CHAIN	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. N BRIDGE BANK, NA	STATE Stephone Number	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, CHAIN epository, etc.	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. N BRIDGE BANK, NA	STATE Stephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** _____

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected TRUMP VICTOR	Organization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS		
Ü	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA MA	01915
	OITV A	STATE A	ZIP CODE ▲
	CITY A d Organization Affiliated Committee y Join by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
Connected	d Organization Affiliated Committee		ative Leadership PAC Spo
Connected Connected Connected Connected Connected	d Organization Affiliated Committee		ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee		ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee		ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	Affiliated Committee Affiliated Committee		Leadership PAC Spo
Connected Designated Agent: Identify Full Name Mailing Address	Affiliated Committee Affiliated Committee Affiliated Committee Affiliated Committee CITY CITY A	nt Fundraising Represent	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Affiliated Committee Committee	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or mail Same of Bank, Depository, etc.	Affiliated Committee by Join by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). Joint Fundraisin	ng Particinant		
J(g)	1. L		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		i Lo ib number	0
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	James-Daines Vic	хогу, inc.		
	Mailing Address	c/o Red Curve Solutions		
		138 Conant Street, 2nd Floor		
		Beverly	MA	01915
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			Fundraising Representa	
		7 Organization Transaction Committee	Tundraising Heprocessis	Loudoloinp 1710 opolici.
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•		[_] [_] [
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank			
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Depository, etc.			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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or(h). Joint Fundrais i	ing Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra CTORY FUND 2020	aising Representative	e, or Leadership PAC Sponsor
ROSENDALE VI			
Mailing Address	1390 CHAIN BRIDGE RD STE 515		
Mailing Address			
	MCLEAN		, 22101
5		VA	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	ify by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITIO	N ▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITIO	N ▼ CITY ▲	STATE ▲	ZIP CC
TITLE OR POSITION	N ▼	STATE ▲ lephone Number	ZIP CODE A
	Tel	lephone Number	
Banks or Other Deposit	Tel	lephone Number	
Banks or Other Deposit safety deposit boxes or n	Tel	lephone Number	
Banks or Other Deposit safety deposit boxes or no Name of Bank, Depository, etc.	Tel	lephone Number	
Banks or Other Deposit safety deposit boxes or no Name of Bank, Depository, etc.	Tel	lephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(g) or (h). Joint Fu i	ndraising Participant:	
1		FEC ID number
2.		FEC ID number
3.		FEC ID number C
4.		FEC ID number
	_	oint Fundraising Representative, or Leadership PAC Sponsor
DAINES RC	OSENDALE 2020	
Mailing Addre	ess 228 S. WASHINGTON ST.	
	STE. 115	
	ALEXANDRIA	VA 22314
Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	connected Organization Affiliated Committee	▼ Joint Fundraising Representative
Designated Agent	: Identify by name, address (phone number - o	prioriary
Full Name		
Full Name	s [
_	s [
_	s	
_	CITY A	STATE A ZIP CODE A
Mailing Addres	CITY A	
Mailing Addres TITLE OR PO	DSITION ▼ CITY ▲	STATE ▲ ZIP CODE ▲
Mailing Addres TITLE OR PO Banks or Other D safety deposit boxe Name of Bank, Depository, etc.	OSITION ▼ CITY ▲ Depositories: List all banks or other depositories as or maintains funds.	STATE ZIP CODE Telephone Number
Mailing Addres TITLE OR PC Banks or Other D safety deposit boxe Name of Bank,	OSITION ▼ CITY ▲ Depositories: List all banks or other depositories as or maintains funds.	STATE ZIP CODE Telephone Number
Mailing Addres TITLE OR PO Banks or Other D safety deposit boxe Name of Bank, Depository, etc.	OSITION ▼ CITY ▲ Depositories: List all banks or other depositories as or maintains funds.	STATE ZIP CODE Telephone Number

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fundr AJORITY COMMITTEE	raising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 9891		
Walling Address			
	APLINCTON	\/A	
	ARLINGTON	VA	
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or m ame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spon
Rosendale Victor	y Fund		
Mailing Address	1390 Chain Bridge Rd 515		
			1 1 1 1 1 1 1 1 1
	McLean	VA VA	22101
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
	fy by name, address (phone number – optional)	Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		T-Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A