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2009 NOV -6 AM 10: 19

FEC FORM 1

STATEMENT OF ORGANIZATION

		(See instructions)	Office use only
1.	NAME OF COMMITTEE (in	full) (Check if name Example: If typying, ty over the lines	12FE4M5
L	Alexander & R	ehberg for Congress	
با			
A <u>D</u> I	DRESS (number and s	PO Box 1598	
_ _	(Check if address		
Ц	is changed)	Helena	MT 59624
		. CITY_	STATE▲ ZIP CODE ▲
СО	MMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
П	(Check if address	lorna@mt.net	
ш	is changed)		
CO	MMITTEE'S WEB	PAGE ADDRESS (URL)	
	(Check if address		
Ц	is changed)		
2.	DATE M_M_M 1.0		-
4.	IS THIS STATEM		
l cer	tify that I have examir	ned this Statement and to the best of my knowledge and belief it is true, correct	t and complete
.Тур	e or Print Name of	Treasurer Lorna Kuney	·
Sigr	nature of Treasurer	Jorna Kuney	Date 1,1 / 0,5 / 2,00,9
NOT	E: Submission of fals	e, erroneous, or incomplete information may subject the person signing this S ANY CHANGE IN INFORMATION SHOULD BE REPOR	
	Office Use Only	For further Information Federal Election Control Free 800-424-95	nmission FEC FORM 1

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5.			OMMITTEE (Check One) 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 Cand	e of didate	
		didate / Affiliat	Office State Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Cand		
	Party	Comn	Alakara Olaha
	(d)	Ш	This committee is a (National, State) (Democratic, Republican, etc.) Party.
	Politi (e)	ical Ac	tion Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(-)	Ш	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 I	Fundra	nising Representative:
	(g)	X	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.
		Com	mittees Participating in Joint Fundraiser
			1.
			2. PEC ID number C
			3. FEC ID number
			4. FEC ID number C

//2009) 		Page3
r Congress		
ganization, Affiliated Committee, Joint Fund	raising Representative, or Le	adership PAC Sponsor
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PO Box 1596	<u>, ! , , </u>	<u> </u>
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Helena	МТ	59601 _
CITY A	STATE ▲ Telephone number <u>406</u>	ZIP CODE & - 442 - 6633
designated agent (e.g., assistant treasurer		tee; and the
400 N California		
Helena	MT	59601 _
CITY A	STATE	ZIP CODE A
	Telephone number 406	_ 442 _ 6633
	ganization, Affiliated Committee, Joint Fundance PO Box 1596 L. Helena CITYA X Affiliated Committee Joint Fundance Joint Fundance Affiliated Committee Joint Fundance CITYA Affiliated Committee Joint Fundance Lity A Affiliated Committee Joint Fundance Lity A Affiliated Committee Joint Fundance Lity A CITY A And address (phone number optional) of designated agent (e.g., assistant treasured Kuney 400 N California Helena Helena	ganization, Affiliated Committee, Joint Fundraising Representative, or Leading Polymer State A POBox 1596 MT

FEC Form 1 (Revised 02/2009)

Full Name of Designated			
Agent	Don Crabbe		
Mailing Address	3965 Canal Drive		
	Helena	MT	59602 –
Title or Position♥	CITY A	STATE 4	ZIP CODE A
As	st Treasurer	Telephone number 406	4432640
Banks or Other De safety deposit boxe Name of Bank, Dep Mailing Address	es or maintains funds.		
	CITY A	STATE 4	ZIP CODE A
Name of Bank, Dep	pository, etc.		
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Mailing Address			
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CITY▲	STATE ▲ ZIP CODE ▲
X Affiliated Committee Joint Fundraisi	ing Representative Leadership PAC Sponsor
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	Telephone number
	CITY A sanization, Affiliated Committee, Joint Fundrais Quitman CITY A Affiliated Committee Joint Fundrais

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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. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Overnight Delivery Service (Specify): Fid. Exp **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 11/6/07 DATE PREPARED