FEC FORM 1

2018 - 09 - 04 - 03 - 00228274

Office Use

STATEMENT OF ORGANIZATION

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COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Chouteau County Republic	an Central Committee			
				111111
	PO Box 536			1 1 1 1 1 1 1
(Check if address is changed)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	<u> </u>
COMMITTEE'S E-MAIL ADDRE	Big Sandy Big Sandy Ss		MT 595 STATE ▲ 59	520 - 0536 520 ZIP CODE
(Check if address is changed)	[kajeşpersen@hoţmail.	com	11111	<u> </u>
	Optional Second E-Mail Add	iress		1
general de la companya de la company			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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I certify that I have examined the	nis Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasure	Karen Jespersen			· · · · · · · · · · · · · · · · · · ·
Signature of freedomen 4	rren Jesper	sen_	Date 07	189° 2018
NOTE: Submission of false, erron		may subject the person signing ION SHOULD BE REPORTED		penalties of 52 U.S.C. §30

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

FEC FORM 1

(Revised 06/2012)

	FEC Fo	m 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	
Car	ndidate	Committee:	
(a)	3 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. (Cor information below.)	nplete the candidate
	ne of didate		<u> </u>
_	didate y Affiliati	Office on Sought: House Senate President	State District
(c)	•	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Pai	rty Con	nmittee:	
(d)	•	This committee is a SUB (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	·	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 s committee. (i.e., nonconnected committee)	segregated 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.)	
Joh	nt Func	Iralsing Representative:	
(g)	er e	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Destining in Joint Constrains	
	Com	mittees Participating in Joint Fundraiser	gray ar salar saga
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	2.	FEC ID number C	er e a navele e i
	2. 3.	FEC ID number C	er en

Write or Type Committee Nan			Page 3
	е		
		• :	··
. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Re	presentative, or Lea	dership PAC Sponsor
NONE			
Mailing Address			
·			
	CITY	STATE	ZIP CODE
Relationship: Connect	d Organization : Affiliated Committee : Joint Fundraisi	ng Representative	 _{Leadership PAC Spons
. '		·	H
Full Name Karen	PO Box 536		
	Big Sandy.	<u> </u>	520 1_10536 .
	Big Sandy, , , , , , , , , , , , , , , , , , ,	[MT] [59:	
Title or Position	Big Sandy CITY	MT 59	520 - 0536 ZIP CODE
Title or Position		STATE	under her find her facilities ha
Secretary/Treasurer	CITY Telephone n and address (phone number optional) of the treasurer of t	STATE	ZIP CODE - <u>1378</u> - 1 <u>2433</u>
Treasurer: List the name a any designated agent (e.g.	CITY Telephone n and address (phone number optional) of the treasurer of t assistant treasurer).	STATE	ZIP CODE - <u>1378</u> - 1 <u>2433</u>
Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer	CITY Telephone n and address (phone number optional) of the treasurer of t assistant treasurer).	STATE	ZIP CODE - <u>1378</u> - 1 <u>2433</u>
Treasurer: List the name a any designated agent (e.g.	CITY Telephone n and address (phone number optional) of the treasurer of t assistant treasurer).	STATE	ZIP CODE - <u>1378</u> - 1 <u>2433</u>
Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer [Karen J	CITY Telephone n and address (phone number optional) of the treasurer of t assistant treasurer). Espersen PO Box 536	STATE umber 406	ZIP CODE - <u>1378</u> - 1 <u>2433</u>
Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer [Karen J	CITY Telephone n and address (phone number optional) of the treasurer of t assistant treasurer). Espersen PO Box 536	STATE umber 406 he committee; and the	ZIP CODE - <u>1378</u>
Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer [Karen J	CITY Telephone n and address (phone number optional) of the treasurer of t assistant treasurer). Espersen PO Box 536	STATE umber 406 he committee; and the	ZIP CODE - <u>1378</u> - 1 <u>2433</u>

FEC FOIII 1 (RI	evised 02/2009)	Page 4
Full Name of Designated Agent Todo	ļ Witt,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address	2555 Russell Road	
	Carter MT	59420
Title or Position	Telephone number	[406
[Cḥair̞man, , , ,	sitories: List all banks or other depositories in which the committee depresentation of the committee depresents and the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the committee depresents are supplied to the committee depresents are supplied to the committee depresents and the committee depresents are supplied to the co	
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Banks or Other Depo safety deposit boxes of Name of Bank, Deposi	sitories: List all banks or other depositories in which the committee depositories in the commit	osits funds, holds accounts, rents

CITY

ZIP CODE

STATE

2018 - 09 - 04 - 03 - 00228277

Mailing Address

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** ___

r(h). Joint Fund	aising Participant:
1.	FEC ID number C
2. 1111	FEC ID number C
3.	FEC ID number C
4	FEC ID number C
Name of Any Conn	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
MONE	<u> </u>
Mailing Addres	
	<u> </u>
Relationship:	CITY ▲ STATE ▲ ZIP CODE ▲
Cor	nected OrganizationAffiliated Committeeloint Fundraising RepresentativeLeadership PAC Spons
	dentify by name, address (phone number – optional)
Full Name	dentify by name, address (phone number — optional)
	dentify by name, address (phone number — optional)
Full Name	dentify by name, address (phone number — optional)
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Other (Specify):	Receipt or Postmarked
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