FEC FORM 2 STATEMENT OF CANDIDACY



RECEIVED

(a) Name of Candidate (in full) Charles "Chaz" Leland Pe (b) Address (number and street)		7111				
		204	APR 15	°H 3: 50		PUBLIC
(b) Address (number and street)	erry III		- '	., 5, 50		. 00010
	Check if address change	d	2. Identification	Number	15	APR I
130 2nd Ave NW						
(c) City, State, and ZIP Code			3. Is This	New	☐ Ar	nended
Cut Bank, MT 59427			Statement	(N) (A	DR [] (A	.)
-	ffice Sought	6. State & Distri		_		
Independant Pr	esident	United S	tates of An	nerica		
DESIGN I hereby designate the following named processing the control of the contr	SNATION OF PRINCIPAl political committee as my Principal		ittee for the	2016 e	lection(s).	
NOTE: This designation should be filed v	with the appropriate office listed in	the instructions.	(уе	ar of election)		
(a) Name of Committee (in full)	C (1/48)	- P 1 -		2-00-		
Her-Currently Selt	C — CHARL	ES LEC	AND F	ERRY_	1/1	
(b) Address (number and street)					······································	
130 2nd Ave	NW					
(c) City, State, and ZIP Code						
CU Bank, M	T 59427					7
I hereby authorize the following named of candidacy.			mittee, to receiv	e and expend f	unds on behalf	of my
MCHP: This designation stipulit be tited t	with the principal campaign comm	лее.				
HOTE: The designation should be med						
(a) Name of Committee (in full)	•					
(a) Name of Committee (in full)						
						
(a) Name of Committee (in full) (b) Address (number and street)					-	
(a) Name of Committee (in full)						
(a) Name of Committee (in full) (b) Address (number and street)						
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code						
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	od this Statement and to the best o	of my knowledge a	··	o, correct and co	omplete.	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	nd this Statement and to the best	of my knowledge al	nd belief it is true Date	e, correct and co	omplete.	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code			Date/_/	7/20	15	g.
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examine ignature of Candidate Addisplay Additional Control of Candidate			Date/_/	7/20	15	9.

FEC FORM 2 (REV. 12/2008)

CREAT BOARD BAR NEW 1503:141:3290

CUTBANK MT S9427

C. L. LEKRY 111 130 End Ave NW 一个多种 化对对电子

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A	4/15/15
PREPARER (2/2015)	DATE PREPARED

(3/2015)