Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Win in Montana PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00638858 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. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 04 28 2017 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

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	COMMITTEE	i aye Z
Candida	te 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. (Compinformation below.)	lete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)	· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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 secommittee. (i.e., nonconnected committee)	gregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	ndraising 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.	o or more political
(h) <b>x</b>	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.	o or more political
Co	mmittees Participating in Joint Fundraiser  MONTANA REPUBLICAN STATE CENTRAL COMMITTEE	
1.	NRCC	08086
2.	FEC ID number C C000	75820
3.	FEC ID number	
4.		

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Write or Type Committee Name		, ago 🗸
Win in Montana		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
ag / taa.eee		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lo	eadership PAC Sponsor
. Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in po	essession of committee
Hankins, E	Brenda, , ,	
Full Name	PO Box 26141	
Mailing Address		
	Alexandria VA 22313	-
Title or Position	CITY STATE	ZIP CODE
Title of Tosition	CITI	ZIF CODE
Assistant Treasurer	Telephone number	
5. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Marston, C of Treasurer	Chris, , ,	
Mailing Address	PO Box 26141	
	Alexandria VA 22313 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes	epositories: List all banks or other depositories in which the committee deposits funds, h s or maintains funds.	ionae deceame, reme
safety deposit boxes  Name of Bank, Dep	s or maintains funds.	
safety deposit boxes Name of Bank, Dep	s or maintains funds.  pository, etc.  EagleBank	
safety deposit boxes Name of Bank, Dep	EagleBank 2001 K St NW	
safety deposit boxes Name of Bank, Dep	Sor maintains funds.  Dository, etc.  EagleBank  2001 K St NW  Washington  DC 2000  CITY  STATE	6
safety deposit boxes  Name of Bank, Dep  Mailing Address	Sor maintains funds.  Dository, etc.  EagleBank  2001 K St NW  Washington  DC 2000  CITY  STATE	6
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Sor maintains funds.  Dository, etc.  EagleBank  2001 K St NW  Washington  DC 2000  CITY  STATE	6
safety deposit boxes  Name of Bank, Dep  Mailing Address	Sor maintains funds.  Dository, etc.  EagleBank  2001 K St NW  Washington  DC 2000  CITY  STATE	6
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Sor maintains funds.  Dository, etc.  EagleBank  2001 K St NW  Washington  DC 2000  CITY  STATE	6
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Sor maintains funds.  Dository, etc.  EagleBank  2001 K St NW  Washington  DC 2000  CITY  STATE	6