PAGE 1/6

STATEMENT OF **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. Kathleen Williams for Montana PO Box 548 ADDRESS (number and street) (Check if address is changed) Bozeman 59771 MT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vwinpisinger@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) kathleenformontana.com (Check if address is changed) DATE 2020 C00701748 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. Bradley, Dorothy, , , Type or Print Name of Treasurer Bradley, Dorothy, , , [Electronically Filed] 10 13 2020 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 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate 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 information below.)	e the candidate
Name of Candidate Williams, Kathleen, , ,	
Candidate Office	State
Party Affiliation DEM Sought: X House Senate President	District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
	nocratic, ublican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
Corporation Corporation w/o Capital Stock La	bor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrect committee. (i.e., nonconnected committee)	gated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number C	
3. FEC ID number C	
4.	

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na	me	
Kathleen Willia	ams for Montana	
	d Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
Kathleen Williams Vi	ctory Fund	
<u> </u>	<u> </u>	<u> </u>
	PO Box 548	
Mailing Address		
	D	59771
	Bozeman MT	2977
	CITY STATE	ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
	nger, Vickie, , ,	
Full Name	PO Box 83142	
Mailing Address		
	Gaithersburg	,20883
	California	
Title or Position	CITY STATE	ZIP CODE
Compliance	Telephone number	301 - 947 - 0278
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	e; and the name and address of
Full Name Bradley, of Treasurer	, Dorothy, , ,	
Mailing Address	PO Box 316	
	Clyde Park	59018
Title or Decition	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	406 - 686 - 9163

FEC Form 1	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
safety deposit boxe Name of Bank, De	pepositories: List all banks or other depositories in which the committee deposits funds, holds as or maintains funds. pository, etc. First Interstate Bank	accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	accounts, rents
safety deposit boxe Name of Bank, De	Pirst Interstate Bank 202 W Main Street Bozeman DC 20006	
safety deposit boxe Name of Bank, De	Prository, etc. First Interstate Bank 202 W Main Street Bozeman CITY STATE Z	ZIP CODE
Name of Bank, De	Pository, etc. First Interstate Bank 202 W Main Street Bozeman CITY STATE Z Pository, etc. Amalgamated Bank	
Name of Bank, De	Pository, etc. First Interstate Bank 202 W Main Street Bozeman CITY STATE Zepository, etc. Amalgamated Bank	
Name of Bank, De	Pository, etc. First Interstate Bank 202 W Main Street Bozeman CITY STATE Z Pository, etc. Amalgamated Bank	

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisin		FEC ID number	
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		T LO ID Humber	0
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Tie Breaker Cand	idate Fund		
I			
	200 0		
Mailing Address	600 Pennsylvania Avenue SE		
	#15180		
	Washington	DC	20003
Deletionship	CITY A	STATE ▲	ZIP CODE ▲
Relationship:		Fundraising Representa	ative Leadership PAC S
Connected		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee	Fundraising Representation	Leadership PAC S
Connected esignated Agent: Identify Full Name	Affiliated Committee y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	Affiliated Committee y by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Eagle	Affiliated Committee y by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Eagle	Affiliated Committee y by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositors, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Test ries: List all banks or other depositories in which aintains funds. Bank Hank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) oı	r(h). Joint Fundraisi	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrent Defenders Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 5418		
		Takoma Park	, , MD	20913
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connecte	ed Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8. I	Designated Agent: Identif	fy by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	I ▼	STATE ▲	ZIP CODE A
; !		Tepries: List all banks or other depositories in which aintains funds.	elephone Number the committee deposit	
; !	Banks or Other Depositors of Bank, Depository, etc.	Tepries: List all banks or other depositories in which aintains funds.	elephone Number the committee deposit	s funds, holds accounts, rents
; !	Banks or Other Depositorsafety deposit boxes or m	Tepries: List all banks or other depositories in which aintains funds.	elephone Number the committee deposit	s funds, holds accounts, rents