Only

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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. Steve Daines for Montana PO Box 1598 ADDRESS (number and street) (Check if address is changed) Helena 59624-1598 MT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address info@stevedaines.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.stevedaines.com (Check if address is changed) DATE 2023 C00491357 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 04 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

FEC Fo	rm 1 (Revised 03/2022)	Page 2
. TYF	PE OF COMMITTEE:	
Car	ndidate 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 ca information below.)	ndidate
	ame of Daines, Steve, , , andidate	
_	andidate Office Sought: House Senate President	State MT District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
Par	ty Committee: This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party
		, . ay
1	itical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	ization
	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 fur committee. (i.e., nonconnected committee)	nd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g)	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	at Fundraising Penresentative:	
	nt Fundraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo	ore political
(i)	committees/organizations, at least one of which is an authorized committee of a federal candidate.	1
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or moccommittees/organizations, none of which is an authorized committee of a federal candidate.	re political
(Committees Participating in Joint Fundraiser	
•	C	

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٧	Vrite or Type Committee Name			
	Steve Daines for	or Montana		
6.		ganization, Affiliated Committee, Joint Fundraising	Representative, or Leaders	hip PAC Sponsor
	Daines Montana Vict			
	Mailing Address	PO Box 1618		
	Walling Address			
		Listans	MT 50004.4	040
		Helena	MT 59624-10	018 -
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization x Joint Fund	draising Representative	eadership PAC Sponso
	Custodian of Records: Identi	fy by name, address (phone number optional) and po	neition of the person in possessi	on of committee
٠.	books and records.	y by name, address (phone number optionar) and po	Sition of the person in possessiv	on or commutee
	Lisker, Lisa	,,,		
	Full Name			
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria	, VA , 22314	
	Title on Desition —	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		702	F40
	Treasurer	Telephor	ne number 703 - 5	549 - 7705
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer assistant treasurer).	of the committee; and the nat	me and address of
	Full Name Lisker, Lisa	,,,		
	of Treasurer			
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria	VA 22314	
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Treasurer	1	. 703	549 7705
	Traduct	Telephor	ne number	

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Full Name of Designated Agent			
Mailing Address			
Tille on Booting	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		Telephone number	
Banks or Other Dep safety deposit boxes	positories: List all banks or other depositories in which or maintains funds.	ch the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depo	ository, etc.		
B	ank of America		
Mailing Address	600 N Washington St		
	Alexandria	VA L	22314
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	ository, etc.		
C	adence Bank		
Mailing Address	2234 Broad St		
	Athens	GA L	30606
	CITY ▲	STATE ▲	ZIP CODE ▲

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h). Joint Fundraisi	ig Farticipant.		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
James-Daines Vi	ctory, Inc		
Mailing Address	138 Conant St		
	Beverly	MA	01915-1665
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
		3 1	
	y by name, address (phone number – optional)		
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	
esignated Agent: Identi	by by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, Chain	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, Chain	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A

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Banks or Other Depositor afety deposit boxes or ma Name of Bank, Depository, etc. Mailing Address	intains funds.	r other depositories in whi		eposits funds,	
Banks or Other Depositor afety deposit boxes or many deposit boxes or many depository, etc.	intains funds. Bank	r other depositories in whi	ch the committee d	eposits funds,	holds accounts, rents
Banks or Other Depositor afety deposit boxes or many deposit boxes or many depository, etc.	intains funds. Bank	other depositories in whi	ch the committee d	eposits funds,	holds accounts, rents
Banks or Other Depositor afety deposit boxes or ma	intains funds.	other depositories in whi	ch the committee d	eposits funds,	holds accounts, rents
Banks or Other Depositor afety deposit boxes or ma	intains funds.	other depositories in whi	ch the committee d	eposits funds,	holds accounts, rents
Banks or Other Depositor		r other depositories in whi	ch the committee d	eposits funds,	holds accounts, rents
ITTLE OR POSITION					
ITTLE OR POSITION			Telephone Numbe	r [=	
TITLE OF POSITION	V	1			. _ .
		CITY A	STATI		ZIP CODE ▲
				1 1	1 1
Mailing Address					
	1				
Designated Agent: Identify Full Name	by name, address (priorie number – optional)			
Andrewski Arms III 200	· horacon and a second				
Connected	I Organization A	ffiliated Committee	oint Fundraising Rep	resentative	Leadership PAC Spo
Relationship:		CITY A	STA	⊥ L TE ▲	ZIP CODE ▲
			1	.	1_1 .
Mailing Address					
Mailing Address	1				
Friends of Mitt					
Name of Any Connected	Organization, Affilia	ted Committee, Joint Fu	ndraising Represe	ntative, or Lea	adership PAC Spons
4.			FEC ID nun	nber C	
			FEC ID nun		
3.			FEC ID nun		
2			FEC ID nun		

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or(h). Joint Fundraisin	n Participant		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	, , , , , VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Spons
Full Name			
Mailing Address			
TITLE OF POSITION	CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION	• 	Telephone Number	
		Totophone Humbor	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in whi intains funds.	ch the committee deposit	s funds, holds accounts, rents
Name of Bank, Eagle I)		
Mailing Address	2001 K St NW		
			<u> </u>
	Washington	DC	20006
	CITY A	STATE ▲	ZIP CODE ▲

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h). Joint Fundraisin	g Participant:				
1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	С
ame of Any Connected	Organization, Affil	iated Committee, Joint F	undraising Rep	resentativ	e, or Leadership PAC Spon
				1 1 1	
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	d Organization	Affiliated Committee	Joint Fundraising	Represent	ative Leadership PAC S
		Affiliated Committee (phone number – optional		Represent	ative Leadership PAC S
				Represent	ative Leadership PAC S
esignated Agent: Identify				Represent	ative Leadership PAC S
esignated Agent: Identify				Represent	ative Leadership PAC S
esignated Agent: Identify				Represent	ative Leadership PAC S
esignated Agent: Identify Full Name	y by name, address		il)	Represent	
esignated Agent: Identify	y by name, address	(phone number – optiona	il)	STATE A	
esignated Agent: Identify Full Name	v by name, address	(phone number – optional	Telephone No	STATE A	
Full Name Mailing Address TITLE OR POSITION	v by name, address	(phone number – optional	Telephone No	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, First In	v by name, address	(phone number – optional	Telephone No	STATE A	ZIP CODE A
Full Name	ries: List all banks aintains funds.	(phone number – optional	Telephone No	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks aintains funds.	(phone number – optional	Telephone No	STATE A	ZIP CODE A
Full Name	ries: List all banks aintains funds.	(phone number – optional	Telephone No	STATE A	ZIP CODE A

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5(a)	or(h). Joint Fundraisi n	ıg Participant:		
· (9)	1.		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		TEO ID Humber	0
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
		I		1
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Jo	int Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	ch the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds.	ch the committee deposit	s funds, holds accounts, rents
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9.	Name of Bank, Depository, etc.	aintains funds. /stone Bank	th the committee deposit	s funds, holds accounts, rents

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or(h). Joint Fundraisin	g Participant:				
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	С
4			FEC	ID number	С
Name of Any Connected	Organization, A	ffiliated Committee, Joint F	undraising R	epresentativ	e, or Leadership PAC Sponsor
Mailing Address					
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connected	d Organization	Affiliated Committee	Joint Fundrais	ng Represent	ative Leadership PAC Sponse
Designated Agent: Identify	/ by name, addre	ess (priorie riuribei – optioria			
Full Name	1				
Full Name Mailing Address					
Mailing Address				STATE A	
	■	CITY A	Telephone	STATE A	ZIP CODE A
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Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main that the safety deposit boxes or main that the safety depository, etc.	ries: List all ban aintains funds.	CITY A	Telephone	STATE A	ZIP CODE A