

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Wendie Fredrickson for US Senate

ADDRESS (number and street)

3044 Old Broadwater Lane

(Check if address is changed)

Helena

CITY ▲

MT

STATE ▲

59601

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

wfredrickson406@gmail.com

Optional Second E-Mail Address

wendiefredrickson@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

wendiefredrickson.com

2. DATE

03 / 13 / 2020

3. FEC IDENTIFICATION NUMBER ▶

C C00800243

4. 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.

Type or Print Name of Treasurer Wedel, Kristen, , ,

Signature of Treasurer

Wedel, Kristen, , ,

[Electronically Filed]

Date

01 / 11 / 2022

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. 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 the candidate information below.)

Name of Candidate Fredrickson, Wendie, , Ms,

Candidate Party Affiliation MT Office Sought: House Senate President State US District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - 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 segregated fund or party committee. (i.e., nonconnected committee)
 - 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 more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Wendie Fredrickson for US Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Fredrickson, Wendie, , ,

Mailing Address 3044 Old Broadwater Ln

Helena

MT

59601

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Wedel, Kristen, , ,

Mailing Address 96 N Weaver Street, Unit 1564

Belgrade

MT

59714

Title or Position

CITY

STATE

ZIP CODE

Telephone number 406 - 600 - 1802

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Valley Bank of Helena

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

321 Fuller Ave

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Helena

[Empty grid for Mailing Address line 3]

MT

[Empty grid for Mailing Address line 3]

59601

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N

Transaction ID :

Note- this Form 1 is only being filed in order to enable the candidate to terminate the entity that was formed when the Form 2 was filed. This candidate has not met the criteria that requires the filing of a Form 1, or the criteria that required the initial Form 2 to be filed.

Form/Schedule:

Transaction ID: