

FEC FORM 1

STATEMENT OF ORGANIZATION

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2023 SEP 20 PH 12: 29

			Office Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of John Barrasso				
L				
ADDRESS (number and street)	PO Box 52008			
☐ ◀ (Check if address is changed)				
	Casper		WY 826Q5	
COMMITTEE'S E-MAIL ADDRES	SS			
☐	khin¢hey@msnicqmi i			
-	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL) Www.barrassoforwyomir	ngicom		
2. DATE	D / V V V V V V V			
3. FEC IDENTIFICATION NUMBER ▶ C 00436386				
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)				
t 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 Karen Hinchey				
Signature of Treasurer Aren Hinchey Date 09 08 2023				
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 Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ECL. CLIENT I	

ee: ee: e is a principal campaign committee. (Complete the candidate information below.) e is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate low.) Barrasso Office State P Sought: House Senate President District WY E supports/opposes only one candidate, and is NOT an authorized committee. (National, State (Democratic,
e is a principal campaign committee. (Complete the candidate information below.) e is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate low.) Barrasso Office State President District WY e supports/opposes only one candidate, and is NOT an authorized committee.
e is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate low.) Barrasso Office Sought: House Senate President District WY e supports/opposes only one candidate, and is NOT an authorized committee.
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e supports/opposes only one candidate, and is NOT an authorized committee.
(National State (Democratic
(National State (Democratic
(National State (Democratic
e is a or subordinate) committee of the Republican, etc.) Party
nmittee (PAC):
e is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
on Corporation w/o Capital Stock Labor Organization
ship Organization Trade Association Cooperative
ddition, this committee is a Lobbyist/Registrant PAC.
e supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party e., nonconnected committee)
ddition, this committee is a Lobbyist/Registrant PAC.
ddition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
e is an independent expenditure-only political committee (Super PAC).
ddition, this committee is a Lobbyist/Registrant PAC.
e is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
ddition, this committee is a Lobbyist/Registrant PAC.
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٧	Vrite or Type Committee Name		i ago o		
F	riends of John Barrasso				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	Barrasso Blackburn Victory Committee				
	Mailing Address	9φ1 N Washington St. Şuite 700			
		Alexandria VA 22314 CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	d Organization Affiliated Organization Joint Fundraising Representative	eadership PAC Sponso		
 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 Karen F	linchey			
	Mailing Address	1600 Elkhorր Valley Drive			
		Casper W,Y 82609	لـــا-لــا		
		CITY ▲ STATE ▲	ZIP CODE A		
	Title or Position ▼				
	Finance Director	Telephone number 307 - 25	9		
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 Karen	lin _i chey			
	Mailing Address	1600 Elkhorn Valley Drive	لتبيي		
			لتتتتي		
		Casper	لــــا-لـــ		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE A		
	Treasuren		59.]-[0788 <u>.</u>]		

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	Full Name of Designated Agent	!		1111	
	Mailing Address	CITY A		STATE A	ZIP CODE A
	Title or Position ▼		Telephone nur	1	
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.				
	Bank o	of America		<u> </u>	
	Mailing Address	600 N Washington St		LVA.	
		CITY A		STATE ▲	ZIP CODE ▲
	Name of Bank, Depository	, etc.			
	ــــــا				
	Mailing Address				
		<u> </u>		1,1	<u> </u>
		CITY ▲	·	STATE ▲	ZIP CODE ▲

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
Hand Delivered	Date of Receipt		
USPS First Class Mail	Date of Receipt 9/20/23		
USPS Registered/Certified	Postmarked (R/C)		
USPS Priority Mail	Postmarked		
USPS Priority Mail Express	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Next Business Day Delivery		
Received via FAX	Date of Receipt		
Received via Email	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
MDS	9/20/23		
(4/2023)	DATE PREPARED		