2022-08-16-03-00416512

FEC

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

FORIVI 1			t co macounten
			2022 BUC Office Use Only
NAME OF COMMITTEE (in full	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
MPA Feder	COLL PIAIC		
ADDRESS (number and st	treet) 408 Kalas	mazioni Piliazo	
(Check if address is changed)	ess		
	CITY A		MT [48933] STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS		
☐ ◀ (Check if address is changed)	Optional Second E-Mail A	Address	
	·	•	
COMMITTEE'S WEB PAGE	GE ADDRESS (URL)		
☐ ◀ (Check if addrischanged)	ess		
2. DATE 08	(1.0) (2.0,2.5)	- 	
S. FEC IDENTIFICATI	ION NUMBER >	0.0.4.5.7.03.6	
IS THIS STATEMEN	IT NEW (N) OR	AMENDED (A)	
I certify that I have exam	nined this Statement and to the be	est of my knowledge and belief i	it is true, correct and complete.
Type or Print Name of Tr	reasurer Mark A. G.	lasper	
Signature of Treasurer	Mark le Xlla	ajser	Date 0.8 10 2022
NOTE: Submission of false		on may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	FEL ELIBINI

	Page 2
F COMMITTEE:	
ate Committee:	
This committee is a principal campaign committee. (Complete the candidate information by	below.)
This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	. (Complete the candidate
of date	
date Office House Senate Pr	State resident District
This committee supports/opposes only one candidate, and is NOT an authorized committee	itee.
e of didate	
Committee: This committee is a	(Democratic, Republican, etc.) Party
al Action Committee (PAC):	
This committee is a separate segregated fund. (Identify connected organization on line 6.	.) Its connected organization is
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separ committee. (i.e., nonconnected committee)	rate segregated 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.)	
This committée is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee is a political committee with both contribution and non-contribution accou	unts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	,
• • • • • • • • • • • • • • • • • • •	
undraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal of the committee of a federal of the committee of	•
This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate.	•
mittees Participating in Joint Fundraiser	The state of the s

· v	<u>`</u>	ed 03/2022)		Page 3
•	Vrite or Type Committee Na	.me		•
6.	Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising	Representative, or Le	adership PAC Sponsor
			<u> </u>	
	Mailing Address		1	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connec	eted Organization Affiliated Organization Joint Fund	draising Representative	Leadership PAC Spons
 7.	Custodian of Records: ld books and records.	dentify by name, address (phone number optional) and po	sition of the person in po	ssession of committee
	Full Name			
	Mailing Address			
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
			ne number	-
<u>8</u> ?	Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer g., assistant treasurer).	of the committee; and	the name and address of
	Full Name of Treasurer	CK GlasPen		<u> </u>
	Mailing Address	4.6.8 Karlamazioio Pilia	Z _I Q _I I I I I I	
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		Liainisiing		1891101-
	Title or Position ▼	CITY A	STATE ▲	S

FEC Form 1S (Revised 03/2022)

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

Page		of	

5(i)	or(j). Joint Fundraisin	g Participant:			
	1.			FEC ID number	C
	2.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEC ID number	C
	3	<u> </u>		FEC ID number	C
	4.			FEC ID number	C
6.	Name of Any Connected	Organization, Affilia	ted Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponsor
	السليليا				
	Mailing Address				
	Relationship:		CITY A	STATE A	ZIP CODE ▲
		Organization A		loint Fundraising Represent	
	· · · · · · · · · · · · · · · · · · ·				
8.	Designated Agent: Identify	by name, address ()	
	Full Name				
	Mailing Address				
					<u></u>
					· <u> </u>
	TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
				Telephone Number	
9.	Banks or Other Denositor	ies: List all hanks o	r other depositories in wh	ich the committee denosi	ts funds, holds accounts, rents
J .	safety deposit boxes or ma		owier depositories in wi	ion the committee deposi	io farias, fiolas accounte, forta
	Name of Bank, Depository, etc.		· <u></u>	1 1 1 1 1 1 1	
	Mailing Address				
			<u> </u>		
ı			CITY A	STATE ▲	ZIP CODE ▲

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No Postmark	•
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
nf	8/16/22
PREPARER (3/2015)	DATE PREPARED