Special Projects

FEC FORM 1		STATEMENT OF ORGANIZATION				Office Use On	-
1. NAME OF COMMITTEE (iii	n full)	(Check if name is changed)	e Examp	ele:If typing, type ne lines.	12FE4	gementys is referenced a service of the service of	
Rehberg	Monta	na Victory	Çomm	ittee	1 1 1 1	1 1 1 1 1 1 1 1 1 1	
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ADDRESS (number a	nd street)	PO Box 16	518		 		لحبيب
(Check if a ls changed		Helena			MT	59624	<u></u>
			CITY		STATE	219 (CODE
COMMITTEE'S E-M/ (Check if is change	address	SS (Please provide only o		ess)		 	
COMMITTEE'S WEE	PAGE ADI	DRESS (URL)					
(Check if is change					1_1_1_		
2. DATE	III / MO	2011					
3. FEC IDENTIFIC	CATION NU	IMBER C	กรรมกระบุคคลายสูตรกรณ _{์ ก} กรรษ 	क्षां व कार्यक्रकार श्रीकार कार्यक्रक करना है। विकास कार्यक्रक कार्यक्रक क्षांत्र करना विकास करना विकास करना व			
4. IS THIS STATE	MENT 🔀	NEW (N) OI	R	AMENDED (A)			
I certify that I have to Type or Print Name	of Treasurer	Shirley W		е	It is true, con	ect and complete.	2011
		aus, or incomplete informa			Tea.	to the paneltine of	f 2 U.S.C. 6437a
		NY CHANGE IN INFOR					
Office Use Only			Fe	or further information deral Bection Commis of Free 800-424-8530 local 202-694-1100		FEC F((Revised	

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F	EC Fo	rm 1 (Ravised 02/2009) Page 2
TYPE	OF C	OMMITTEE
Can	didate	e Cemmittee:
(a)	Ш	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 Candi	-	Security Head
Candi Party	idate Affiliati	on Especial Office State Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Cen	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Polit	ical A	ction 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 Teade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(1)		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 Labbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (identify sponsor on line 5.)
Joint	Fund	Iraising 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.
•	Com	mittees Participating in Joint Fundraiser
	1.	Montarias for Renberg FEC ID number C 00493015
		Account the contract of the co
	2.	Security Para and Entering and Control of Co
	3.	FEC ID number C
	4.	FEC ID number C

Nov 15 2011 15:08

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FEC Form 1 (Revised 0	2/2009)		Page 3
Write or Type Committee Name			
Rehberg Monta	ana Victory Committee		
6. Name of Amy Connected O	rganization, Affiliated Committee, Joint Fundralsin	ng Prepresentative	e, or Leadership PAC Sponsor
	<u> </u>		
	<u> </u>		
Mailing Address			
•	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fund	draising Represent	terlive Leadership PAC Sponeo
 Custodian of Records: identification books and records. 	lify by name, address (phone number optional) an	d position of the	person in possession of committee
Full Name Lorna	Kuney,		
	1400 North California	 	-
Mailing Address	1	 	
	ıHelena	· · · · · · · · · · · · · · · · · · ·	59601
•			03001 -
Title or Position	CITY	STATE	ZIP CODE
Assistant Treasu	er Telepho	ne number 4	06, - 442, - 6633 ,
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number - optional) of the treasurer sistant treasurer).	of the committee	e; and the name and address of
Full Name Shirle	y J. Warehime		
Mailing Address	113 Meadow Drive		
	_I Helena	ı ıMTı	15960,1
			[35001] - []
Title or Position	СПТҮ	STATE	ZIP CODE

FEC Form 1 (Re	wised 0.2/2009)		Page 4
Full Name of Designated Agent LOTI	na Kuney,		
Mailing Address	400 North California		
	H elena corv	MT 5	9601 ZIP CODE
Title or Position Assistant Trea	asurer T	elephone number 406	J- 442 - 6633
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		the committee deposits fund	s, holds accounts, rents
ا V al	ley Bank	1 _1_1	1
Mailing Address	3030 North Montana Ave		
	Helena , , , , , , , , , , , , , , , , , , ,	MT 4	9601, , - [, , , ,]
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	ory, etc.		
Mailing Address		<u> </u>	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
		ا ليا ليب	
	CITY	OTATE	719 CODE

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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Overnight Delivery Service (Specify):	Shipping Date			
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