FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) MONTANA REPUBLICAN STATE CENTRAL COMMITTEE **PO BOX 935** ADDRESS (number and street) (Check if address is changed) **HELENA** 59624 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address TREAS@MTGOP.ORG is changed) Optional Second E-Mail Address katie@burnttimberconsulting.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://mtgop.org/ (Check if address is changed) DATE 2024 C00008086 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. Type or Print Name of Treasurer Tschida, Brad,, Date 04 06 2024 Signature of Treasurer Tschida, Brad, , , 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

FE	C Form 1 (Revised 03/2022)	Page 2
	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 information below.)	e candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) X This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperat	
	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 committee. (i.e., nonconnected committee)	I 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.)	
	(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 PA	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
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Write or Type	Committee	Name	
Write or Type	Committee	Name	

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6.	Name of Any Connected Or	ganization, Affiliated Committee, Joi	nt Fundraising Repre	esentative, or L	eadership PAC Sponsor
	Rosendale Victory Fu	ınd 			
	Mailing Address	1390 Chain Bridge Rd 515			
		McLean	I	VA	22101
		CITY ▲		STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising	Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number c	optional) and position c	f the person in p	ossession of committee
	Tschida, Br	ad, , ,			1
	Full Name	PO BOX 935			
	Mailing Address	- C BOX 955			
		HELENA		MT	59624-0935
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone num	1406 	546 4349
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) ossistant treasurer).	of the treasurer of the	committee; and	the name and address of
	Full Name Tschida, Br	ad,,,			
	Mailing Address	PO BOX 935			
		HELENA		MT	59624-0935
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
ı	TREASURER		Telephone num	nber 406	546 4349

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Full Name of Designated Agent Mailing Address	Wenetta, Katie, , , PO Box 5315 Helena	MT	59604
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Compliance		number L	
	Depositories: List all banks or other depositories in which the commes or maintains funds.	mittee deposits fu	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	STOCKMAN BANK 700 MAIN STREET MILES CITY	MT	59301
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	BB&T		
Mailing Address	2200 WILSON BLVD, SUITE 100		
	ARLINGTON	VA	22201
	CITY ▲	STATE ▲	ZIP CODE ▲

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	FEC ID number	С
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	FEC ID number	C
<u></u>	FEC ID number	С
	FEC ID number	C
	Iraising Representati	ve, or Leadership PAC Spons
824 S Milledge Ave Ste 101		
Athens	GA STATE A	30605 ZIP CODE A
<u> </u>		
CITY A	STATE A	ZIP CODE A
CITY A	STATE STATE	ZIP CODE A
	824 S Milledge Ave Ste 101 Athens CITY	824 S Milledge Ave Ste 101 Athens CITY STATE Organization Affiliated Committee X Joint Fundraising Representation

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	ITY A Committee X	FEC ID FEC ID FEC ID Indraising Rep	VA	22314	DE A
228 S WASHINGTON ST STE 115 ALEXANDRIA C d Organization Affiliated	ITY A Committee X	FEC ID FEC ID Indraising Rep	onumber oresentative	C C , or Leadership PAC	DE A
228 S WASHINGTON ST STE 115 ALEXANDRIA C d Organization Affiliated	ITY A Committee X	FEC ID	oresentative VA STATE	, or Leadership PAC	DE A
228 S WASHINGTON ST STE 115 ALEXANDRIA C d Organization Affiliated	ITY A Committee X	Indraising Rep	oresentative VA STATE	, or Leadership PAC	DE A
228 S WASHINGTON ST STE 115 ALEXANDRIA C d Organization Affiliated	ITY A Committee X	Joint Fundraising	VA	22314	DE A
228 S WASHINGTON ST STE 115 ALEXANDRIA C d Organization Affiliated	ITY A Committee X	Joint Fundraising	VA	22314	DE A
STE 115 ALEXANDRIA C d Organization Affiliated	Committee X		STATE ▲	ZIP COD	
STE 115 ALEXANDRIA C d Organization Affiliated	Committee X		STATE ▲	ZIP COD	
STE 115 ALEXANDRIA C d Organization Affiliated	Committee X		STATE ▲	ZIP COD	
ALEXANDRIA C d Organization Affiliated	Committee X		STATE ▲	ZIP COD	
C d Organization Affiliated	Committee X		STATE ▲	ZIP COD	
d Organization Affiliated	Committee X				
d Organization Affiliated	Committee X				
CIT	Y 🛦	;	STATE A	ZIP CODE	A
		Telephone N	umber		
ltc n	N V	tories: List all banks or other depositories in what naintains funds.	Telephone N tories: List all banks or other depositories in which the comminaintains funds. Bridge Bank	Telephone Number tories: List all banks or other depositories in which the committee deposits naintains funds. Bridge Bank	Telephone Number Telephone Number Tories: List all banks or other depositories in which the committee deposits funds, holds accounnaintains funds. Bridge Bank

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
SHEEHY VICTORY			
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Spo
		int Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identi		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identi		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Spo
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or many particular and provided the control of the	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TRUMP 47 COMMIT	TEE 		
Mailing Address	P.O. BOX 509		
	ARLINGTON	VA VA	22216
Deletieneleie	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market and mar	Affiliated Committee	STATE A Telephone Number	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.	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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3.			FEC ID no	umber (C
			FEC ID no	umber (C
4.			FEC ID no	umber (C
Name of Any Connected	Organization, Affilia	ted Committee, Joint F	undraising Repres	sentative,	or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		TATE ▲	ZIP CODE A
riolationomp.		OIII A	3	IAIL	ZII CODE A
		phone number – optiona	Joint Fundraising Re	epresentati	ve Leadership PAC Sp
				epresentati	Leadership PAC Sp
esignated Agent: Identify				epresentati	Leadership PAC Sp
esignated Agent: Identify				epresentativ	Leadership PAC Sp
esignated Agent: Identify		phone number – optiona	al)		
Pesignated Agent: Identify Full Name	y by name, address (al)	epresentativ	ZIP CODE A