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STATEMENT	OF
ORGANIZATI	ON

Image# 202406259652495826				PAGE 1 / 16
FEC FORM 1	STATEMEN ORGANIZA	-		Dffice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	L	
Tim Sheehy for Mo				
ADDRESS (number and street)	PO Box 7209			
(Check if address is changed)				
	Helena		MT 59	0604
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
 (Check if address is changed) 	katie@burnttimberconsulting	g.com		
	Optional Second E-Mail Add	Iress		1
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
2. DATE 06 21	D / Y Y Y Y 2024			
3. FEC IDENTIFICATION NU	JMBER ► C co	00844159		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	Wenetta, Katie, , ,			
Signature of Treasurer Wene	etta, Katie, , ,		Date	/ D D / Y Y Y Y 25 2024
NOTE: Submission of false, errone		may subject the person signing t TON SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commissie Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Sheehy, Tim, , , Candidate State MT Candidate Office REP Senate House President Party Affiliation Sought: District 00 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.) (g) This committee is an independent expenditure-only political committee (Super PAC).

(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Lobbvist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 2.

Relationship:

Г

	FEC Form 1 (Revised 0	2/2009)																		Pag	ge 3	}		
W	Vrite or Type Committee Name																							
	Tim Sheehy for N	Montana																						
6.	Name of Any Connected O	rganization, Affiliate	d Comm	nittee,	Joint	Fu	ndra	isir	ng F	Repr	ese	enta	ative	e, o	r L	eac	ders	ship	D P	AC	Sp	ons	or	
	Mailing Address	228 S WASHINGTO	N ST																					
		STE 115																						
												VA			Ľ	223	14							
			CITY	< ▲							S	TAT	E 🔺					ZI	ΡC		DE .			

Connected Organization Affiliated Organization X 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.

Wene	tta, Katie, , ,
Full Name	
Mailing Address	PO Box 6456
	Helena MT 59604
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 406 - 616 - 3751

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	Wenetta, Katie, , ,
of Treasurer	
Mailing Address	PO Box 6456
	$[\ \ , \ \ , \ \ , \ \ , \ \ , \ \ $
	Helena MT 59604 –
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 406 - 616 - 3751

FEC Form 1	(Revised 02/2009)
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Full Name of Designated Agent	Lisker, Lisa, , ,
Mailing Address	228 S. Washington St.
	Ste. 115
	Alexandria VA 22314
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasu	rer 703 - 549 - 7705 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		
Mailing Address	3030 N Montana Ave		
	Helena	MT 59601	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository	, etc. Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 22101	
		STATE A	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE 🔺

g) or (h).	Joint Fundraising	Participant:											
1.					J	FEC II	D number	С					
2.						FEC II	D number	С					
3.						FEC II	D number	С					
4.					_	FEC II	D number	С					
Name	of Any Connected O	rganization, Affiliate	d Committee,	Joint Fu	Indrais	ing Re	presentativ	e, or Le	aders	hip P	AC S	ponso	or
RIC			TEE									1 1	I
		228 S WASHINGTO	NST										
I	Mailing Address												
		STE 115											
							VA	2	2314		-		
I	Relationship:		CITY 🔺				STATE A		Z	ZIP C	ODE		
	Connected (iated Committee			inaraioni	g Represent	alivo	200			C Spo	11001
Desigr	nated Agent: Identify b	by name, address (pr	ione number -	optional)								
_	nated Agent: Identify b	by name, address (pr	none number -	optional)								1
Fu		by name, address (pr	none number -	• optional)						1		
Fu	II Name	by name, address (pr	none number -	• optional)								
Fu	II Name	by name, address (pr	none number -	• optional)								
Fu	ill Name			• optional)						 		
Fu	II Name		none number -	• optional)					P CO	 DE ▲		
Fu	ill Name			• optional						P CO	□ - □		
Fu	ill Name			• optional						- - - - - - -] - [DE ▲] - [
Fu Ma T	II Name				Telep	bhone N	lumber	s funds	-]-[_		
Fu Ma T	II Name				Telep	bhone N	lumber	ts funds	-]-[_		
Fu Ma T Banks safety Name	ITLE OR POSITION				Telep	bhone N	lumber	ts funds	-]-[_		
Fu Ma T Banks safety Name Deposi	II Name	es: List all banks or contains funds.			Telep	bhone N	lumber	ts funds	-]-[_		
Fu Ma T Banks safety Name Deposi	ITLE OR POSITION	es: List all banks or ontains funds.			Telep	bhone N	lumber	ts funds	-]-[_		
Fu Ma T Banks safety Name Deposi	II Name	es: List all banks or ontains funds.			Telep	bhone N	lumber		- []-[_		

CITY

i(g) or (h).	Joint Fundraising	Participant:	
1.		FEC ID n	umber C
2.		FEC ID n	umber C
3.		FEC ID n	umber C
4.			umber C
. Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Repres	sentative, or Leadership PAC Sponsor
r	Mailing Address		
			AL 35223
F	Relationship:	CITY A S	TATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint Fundraising Re	epresentative Leadership PAC Sponsor
B. Desigr	nated Agent: Identify	by name, address (phone number – optional)	
	nated Agent: Identify	by name, address (phone number - optional)	
Fu		by name, address (phone number – optional)	
Fu	II Name	by name, address (phone number – optional)	
Fu	II Name	by name, address (phone number – optional)	
Fu	II Name		
Fu	II Name		
Fu Ma TI Banks safety Name Deposi	II Name		ber

5(g) or (h	h). Joint Fundraising	J Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4		FEC ID number	C
6. N a	ame of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representative	. or Leadership PAC Sponsor
				,
	Mailing Address	228 S WASHINGTON ST STE 115		
				22314
	Relationship:		STATE A	ZIP CODE A
		Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
	Full Name			
	Full Name	•	I I I I I I I I I I I I I I I I I I I	ZIP CODE ▲
9. B a sa Na	Full Name Mailing Address TITLE OR POSITION	▼ Te	elephone Number	

g) or (h).	Joint Fundraising	Participant:			_			
1.				FEC ID	number	С		
2.				FEC ID	number	С		
3.				FEC ID	number	С		
4.				FEC ID	number	С		
Name	of Any Connected (Drganization, Affilia	ted Committee, Joint F	undraising Repre	esentative	, or Leade	rship PAC	Sponsor
SH								
	Mailing Address	228 S WASHINGT	ON ST STE 115					
		ALEXANDRIA		1	VA	22314		
	Relationship:						ZIP COD	
	Connected	Organization A	ffiliated Committee	Joint Fundraising I	Representat	tive L	eadership	PAC Sponsor
_	nated Agent: Identify	by name, address (phone number – optiona	I)			1 1 1	
Fu	III Name	by name, address (phone number – optiona	i)				
Fu		by name, address (phone number – optiona	I)				
Fu	III Name	by name, address (phone number – optiona				· · · ·	
Fu	III Name		phone number – optiona					
Fu	ailing Address						– – ZIP CODE	
Fu M T Banks safety Name	ailing Address			Telephone Nur	nber			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
з.				FEC ID number	С
4. [FEC ID number	C
	-	rganization, Affiliated Committee	, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
202	4 REPUBLICAN SE				
Ν	Nailing Address	228 S. WASHINGTON STREET			
		SUITE 115			
F	Relationship:			VA STATE ▲	22314 − ZIP CODE ▲
	Connected 0		ee X Joint F	undraising Representa	
8. Design	ated Agent: Identify b	y name, address (phone number	- optional)		
Ful	I Name				
Ма	iling Address				
Τľ	TLE OR POSITION V	CITY 🔺		STATE A	ZIP CODE
			Tele	phone Number	
	or Other Depositorie deposit boxes or main	s: List all banks or other deposito tains funds.	ries in which th	e committee deposite	s funds, holds accounts, rents
	of Bank, Chain Br tory, etc.	idge Bank			
	Mailing Address	1445 LAUGHLIN AVE			

 MCLEAN
 VA
 22101

 CITY ▲
 STATE ▲
 ZIP CODE ▲

1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
-	-	iated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 13026			
Maining Address				
				70714
				78711
	ed Organization	CITY A Affiliated Committee X J (phone number – optional)	STATE ▲	
Connect	ed Organization	Affiliated Committee X J	pint Fundraising Represent	
Connect	ed Organization	Affiliated Committee X J	pint Fundraising Represent	
Connect Designated Agent: Identi Full Name	ed Organization	Affiliated Committee X J	pint Fundraising Represent	
Connect Designated Agent: Identi Full Name	ed Organization	Affiliated Committee X J	pint Fundraising Represent	
Connect Designated Agent: Identi Full Name	ed Organization	Affiliated Committee X J	pint Fundraising Represent	
Connect Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ed Organization	Affiliated Committee	Dint Fundraising Represent	Leadership PAC Spons

ō(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	C
6. Name	of Any Connected C	rganization, Affiliated Comn	nittee, Joint Fundrais	ing Representative	, or Leadership PAC Sponsor
RE					
I	Mailing Address				
					35223
I	Relationship:	CITY		STATE A	
	Connected	Organization Affiliated Co	mmittee 🗙 Joint Fu	Indraising Representa	tive Leadership PAC Sponsor
B. Desigi	nated Agent: Identify	by name, address (phone nur	nber – optional)		
	nated Agent: Identify	by name, address (phone nur	nber – optional)		
Fu		by name, address (phone nur	nber — optional)		
Fu	II Name	by name, address (phone nur	nber – optional)		
Fu	II Name	by name, address (phone nur	nber - optional)		
Fu	II Name				
Fu	II Name			→ → → → → → → → → → → → → → → → → → →	
Fu	II Name				
Fu Ma T 9. Banks safety	II Name	CITY A		phone Number	ZIP CODE ▲
Fu Ma T 9. Banks safety Name	II Name	CITY		phone Number	
Fu Ma T 9. Banks safety Name	II Name	CITY A		phone Number	
Fu Ma T 9. Banks safety Name	II Name	Es: List all banks or other depletions funds.		phone Number	
Fu Ma T 9. Banks safety Name	II Name	Es: List all banks or other depletions funds.		phone Number	

5(g) or ((h). Joint Fundraisin	g Participant:	_	
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
_				
6. N	lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative,	or Leadership PAC Sponsor
		ICTORY 2024		
	Mailing Address	421 OFFICE PARK DR		
	Maning Address			
				25000
		BIRMINGHAM		
	Relationship:		STATE A	ZIP CODE
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representativ	Leadership PAC Sponsor
8. D	Full Name	/ by name, address (phone number – optional)		
	Mailing Address			
		1		
	TITLE OR POSITION		STATE A	ZIP CODE
			lephone Number	
	anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other depositories in which t	the committee deposits f	unds, holds accounts, rents
	lame of Bank, Bank o pepository, etc.	f America		
	Mailing Address	600 N Washington St		
		Alexandria		22314

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g)) or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4		FEC ID number	С
6.	-	Organization, Affiliated Committee, Joint Fund Y VICTORY COMMITTEE	draising Representative	e, or Leadership PAC Sponsor
	Mailing Address	901 N WASHINGTON ST		
		SUITE 700		
				22314
	Relationship:		STATE	
	Connected	d Organization	nt Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	/ by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
			Telephone Number	
9.	safety deposit boxes or ma		n the committee deposit	s funds, holds accounts, rents
	Name of Bank, John N Depository, etc.	larshall Bank		
	Mailing Address	1625 K Street NW		
		Ste 1050		

Washington

CITY

DC

STATE 🔺

20006

ZIP CODE

5(g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
2024 THUNE REPUBL	ICAN SENATE VICTORY		
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:		STATE	
Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8. Designated Agent: Identify I	by name, address (phone number – optional)		
Full Name			
Mailing Address			
J			
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE
	Tele	ephone Number	
9. Banks or Other Depositorie safety deposit boxes or main	es: List all banks or other depositories in which th tains funds.	ne committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.	ridge Bank		

	CITY 🔺	STATE 🔺	ZIP CODE	1
	McLean		22219	
Mailing Address	1445-A Laughlin Ave			

5(g) or (h	n). Joint Fundraising	g Participant:		
	1.		FEC ID number	;
	2.		FEC ID number	;
	3.		FEC ID number	;
	4.		FEC ID number	
6. N a	ame of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative, c	or Leadership PAC Sponsor
1	SHEEHY FOR MT SE	NATE REPUBLICAN NOMINEE FUND 2024		
I.				
l				
	Mailing Address	PO BOX 9891		
			VA	22219
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	undraising Representative	e Leadership PAC Sponsor
8. De	esignated Agent: Identify	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number – optional)		
8. De		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name		L L L L L STATE ▲	· · · · · · · · · · · · · · · · · · ·
8. De	Full Name		L	
8. De	Full Name			
9. B a	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. B a	Full Name		phone Number	
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. Ba sa Na	Full Name		phone Number	
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, Chain E epository, etc.		phone Number	
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, Chain E epository, etc.		phone Number	

5(g) or ((h). Joint Fundraising	g Participant:	
	1		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number C
6. N	lame of Any Connected	Organization. Affiliated Committee. Joint Fundra	ising Representative, or Leadership PAC Sponsor
		-	
	Mailing Address	101 W ARGONNE DR	
		#24	
		SAINT LOUIS	MO 63122
	Relationship:		STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative
_			
8. D e	esignated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Full Name	 	
	Mailing Address		
_	Mailing Address		
	Mailing Address	Tel	
sa	Mailing Address	Tel	ephone Number
sa	Mailing Address TITLE OR POSITION	Tel	ephone Number
sa	Mailing Address TITLE OR POSITION	Tel	ephone Number
sa	Mailing Address TITLE OR POSITION	Tel	ephone Number