FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Steve Daines for Montana PO Box 8000 ADDRESS (number and street) (Check if address is changed) Bozeman 59719-8000 MT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address llisker@hdafec.com is changed) Optional Second E-Mail Address tmoose@hdlfec.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.stevedaines.com (Check if address is changed) DATE 2025 C00491357 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Lisker, Lisa, , Date 11 03 2025 Signature of Treasurer Lisker, Lisa, , , 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Complet information below.)	e the candidate
Name of Candidate Daines, Steve, , ,	
Candidate Party Affiliation REP Office Sought: House X Senate President	State MT
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 00
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republic	cratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
Corporation Corporation w/o Capital Stock Labor	or Organization
Membership Organization Trade Association Coo	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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	d PAC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint Fundraiser	
1. C	

ı	FEC Form 1 (Revised 0)2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Steve Daines for			
6.		rganization, Affiliated Committee, Joint Fundraisin	g Representative, or Lea	dership PAC Sponsor
	DAINES SENATE M.	AJORITY FUND		
	Mailing Address	228 S. WASHINGTON ST.	1 1 1 1 1 1 1 1	
		STE. 115		
		ALEXANDRIA	VA 223	314
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fur	ndraising Representative	Leadership PAC Sponso
	Tiolation of the Commodes	Conganization , minuted organization , connection	idialong representative	
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and po	osition of the person in pos	session of committee
	Lisker, Lisa	а, , ,		
	Full Name			
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria	VA 223	314
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	OH -	STATE =	211 OODE 2
	Treasurer		one number 703	
8.	any designated agent (e.g., a		er of the committee; and th	e name and address of
	Full Name Lisker, Lisa of Treasurer	a, , , _		
	Mailing Address	228 S Washington St		
		Ste 115	1 1 1 1 1 1 1 1	
		Alexandria	VA 223	314
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		one number 703	_ 549 7705

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	Full Name of Designated Agent			
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position			
		Telephone n	umber	
•	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committees or maintains funds.	ittee deposits fo	unds, holds accounts, rents
	Name of Bank, D	epository, etc.		
		Chain Bridge Bank		
	Mailing Address	1445 - A Laughlin Avenue		
		McLean	VA 	22101
		CITY ▲	STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
		Valley Bank		
	Mailing Address	PO Box 5269		
		Helena	MT	59601
		CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amended to add joint fundraising representatives.

Form/Schedule: Transaction ID:

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
_	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X Joints	nt Fundraising Representa	ative Leadership PAC Sp
Connecto		nt Fundraising Representa	ative Leadership PAC Spo
Connecte Pesignated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Connected Agent: Identification of the Connected Agent: I		nt Fundraising Representa	Leadership PAC Spo
Connected Agent: Identification of the Connected Agent: I		nt Fundraising Representa	Leadership PAC Spo
Connected Agent: Identification of the Connected Agent: I	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connected Agent: Identification of the Connected Agent: I	fy by name, address (phone number – optional)		
Pesignated Agent: Identification of the second of the seco	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
Connected Resignated Agent: Identification of Position Address TITLE OR POSITION Control of Position	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds. Bank	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisir	g rantopant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundr	raising Representativ	e, or Leadership PAC Spons
Reclaim the Majority			
Mailing Address	421 Office Park Dr		
Relationship:	Birmingham	AL AL	35223
neialionsnip.	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc. Yellow	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

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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	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
ONE TEAM SENATE	E MAJORITY		
Mailing Address	421 OFFICE PARK DRIVE		
Mailing Address			
	MOUNTAIN BROOK	, , AL ,	35223
Datation del			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte	od Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	od Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	od Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	od Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Joing by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Jointy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Jointy by name, address (phone number – optional)	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	Affiliated Committee X Joing J	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joing J	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	Affiliated Committee X Joing J	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Truist/	Affiliated Committee X Joing J	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Jointy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. BB & T	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Jointy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. BB & T	STATE A Telephone Number	ZIP CODE A

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

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1.		Participant:				
I				FEC ID	number	C
2				FEC ID	number	С
3.				FEC ID	number	C
4.				 FEC ID	number	С
	_	_	ated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spons
UPHO	OLD THE SENAT	E 				
Ма	uiling Address	228 S WASHING	TON ST STE 115			
		ALEXANDRIA			VA	22314
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
esignat	ted Agent: Identify	by name, address	(phone number – option	nal)		
	ted Agent: Identify	by name, address	(phone number – option	nal)		
Full		by name, address	(phone number – option	nal)		
Full I	Name	by name, address	(phone number – option	nal)		
Full I	Name	by name, address	(phone number – option	nal)		
Full I	Name		(phone number – option		STATE A	ZIP CODE A

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

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h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
HOLD THE SENATE			
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	pint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Jo	pint Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Joint J	oint Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identif	Affiliated Committee X Joint J		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Journal of Journal of States (phone number – optional) CITY CITY Ories: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
connected esignated Agent: Identification of the position of t	Affiliated Committee X Journal of Journal of States (phone number – optional) CITY CITY Ories: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A