

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
Putting People First Political Action Committee
 (b) Number and Street Address ☒ (Check if address is changed)
21 N. Last Chance Gulch, Suite 212, P.O. Box 1707
 (c) City, State and ZIP Code
Helena, Montana 59624
 2. DATE
5/5/94
 3. FEC IDENTIFICATION NUMBER
000743584
 4. IS THIS STATEMENT AN AMENDMENT?
☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (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 candidate information below.)

Name of Candidate _____ Candidate Party Affiliation _____ Office Sought _____ State/District _____

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee
 (name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party
 (National, State or subordinate) (Democratic, Republican, etc.)

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Same	Same	

Type of Connected Organization

Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
-Same-		

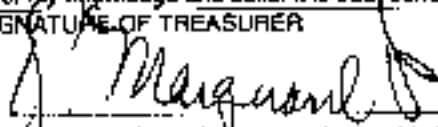
8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer)

Full Name	Mailing Address	Title or Position
-Same-		

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.	Mailing Address and ZIP Code
First Bank of Helena	Last Chance Gulch at 6th Ave. Helena, MT 59601

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	SIGNATURE OF TREASURER	DATE
Kathleen Marquardt		5/5/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

				For further information contact: Federal Election Commission Toll-free 800-424-3530 Local 202-376-3120
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FEC FORM 1
(revised 4/87)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

☐

Hand Delivered

DATE OF RECEIPT

☒

First Class Mail

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5-6-94

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Registered/Certified Mail

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No Postmark

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Postmark Illegible

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Received from the House Office of Records
and Registration

DATE OF RECEIPT

☐

Received from the Senate Office of Public
Records

DATE OF RECEIPT

☐

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT



PREPARER

5-25-94

DATE PREPARED