

7/6/00

Please send  
reporting information  
for our PAC.

Thanks

TOM

(406) 721-3555

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEC MAIL ROOM

2000 JUL 11 P 2:10

1. (a) NAME OF COMMITTEE IN FULL <i>Montana Hunters &amp; Anglers Political Action Committee</i>	<input type="checkbox"/> (Check if name is changed)	2. DATE <i>7/6/00</i>
(b) Number and Street Address <i>405 S. 1st W.</i>	<input checked="" type="checkbox"/> (Check if address is changed)	3. FEC Identification Number <i>CO0275446</i>
(c) City, State and ZIP Code <i>Missoula, MT 59801</i>		4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.

8. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<i>None</i>	<i>N/A</i>	<i>N/A</i>

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 <i>Tom W. Devony</i>	Mailing Address <i>405 S. 1st W Missoula MT 59801</i>	Title or Position <i>TREASURER</i>
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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 <i>Tom W. Devony</i>	Mailing Address <i>405 S. 1st W. Missoula MT 59801</i>	Title or Position <i>TREASURER</i>
		<i>(406) 781-3555</i>

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. <i>First Interstate Bank</i>	Mailing Address and ZIP Code <i>P.O. Box 4667 Missoula MT 59806-4667</i>
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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 <i>Tom W. Devony</i>	SIGNATURE OF TREASURER <i>Tom W. Devony</i>	DATE <i>7/6/00</i>
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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 800-424-9530  
Local 202-694-1100

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-6-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jef</i> PREPARER	7-11-00 DATE PREPARED