## 2024 - 04 - 22 - 03 - 00469903

FEC FORM 1

Only

## STATEMENT OF ORGANIZATION

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2024 APR 22 AM 11: 18

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Friends of John Barrasso PO Box 52008 ADDRESS (number and street) (Check if address is changed) WY I 182609 Casper CITY A STATE ▲ ZIP CODE A COMMITTEE'S E-MAIL ADDRESS (Check if address khinchey@msn.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.barrassoforwyoming.com | is changed) DATE 2. 2024 00436386 FEC IDENTIFICATION NUMBER > 1 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 Karen Hinchey Signature of Treasurer Date 16 2024 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 03/2022) Toll Free 800-424-9530

Local 202-694-1100

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|------|---|

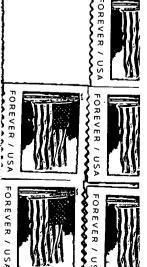
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| FEC Form 1 (Revised 03/2022)                                                                                                                                              |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 5. TYPE OF COMMITTEE:                                                                                                                                                     |                                         |
| Candidate Committee:                                                                                                                                                      |                                         |
| (a) This committee is a principal campaign committee. (Complete the candidate information                                                                                 | ation below.)                           |
| (b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)                                                                    | nittee. (Complete the candidate         |
| Name of<br>Candidate John Barrasso                                                                                                                                        |                                         |
| Candidate Office Party Affiliation REP Sought: House Senate                                                                                                               | President State WY District WY          |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized co                                                                                       | ommittee.                               |
| Name of Candidate                                                                                                                                                         |                                         |
| Party Committee:                                                                                                                                                          |                                         |
| (d) This committee is a (National, State or subordinate) committee of the                                                                                                 | (Democratic,<br>Republican, etc.) Party |
| Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization on I                                                | line 6.) Its connected organization is  |
| Corporation Corporation w/o Capital Stock                                                                                                                                 | Labor Organization                      |
| 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 committee, (i.e., nonconnected committee)                                               | separate segregated 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 a                                                                                 | accounts (Hybrid PAC).                  |
| In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                 |                                         |
| Joint Fundraising Representative:                                                                                                                                         |                                         |
| 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 fed                                                                                       | •                                       |
| (j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca | •                                       |
| Committees Participating in Joint Fundraiser                                                                                                                              |                                         |
| 1.                                                                                                                                                                        | C                                       |
| 2.                                                                                                                                                                        |                                         |

| FEC Form 1 (Revised                                                        | 1 03/2022)                                                        | 1                                  | Page <b>3</b>                  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|--------------------------------|
| Write or Type Committee Nam                                                |                                                                   |                                    | r age o                        |
| Friends of John Barrasso                                                   |                                                                   |                                    |                                |
|                                                                            | Organization, Affiliated Committee, Joir                          | nt Fundraising Representative      | , or Leadership PAC Sponsor    |
| 2024 Senators Classic                                                      | c <sub>i</sub> Committee                                          |                                    |                                |
| المستنب المساء                                                             | <u> </u>                                                          |                                    |                                |
| Mailing Address                                                            | 228 S Washington Street                                           | <u> </u>                           |                                |
|                                                                            | Suite 1,15, , , , , , , , , , , , , , , , , ,                     |                                    |                                |
|                                                                            | Alexandria                                                        | <b>V</b> A                         | [22314     -                   |
|                                                                            | CITY ▲                                                            | STATE ▲                            | ZIP CODE ▲                     |
| Relationship: Connecte                                                     | ed Organization Affiliated Organization                           | Joint Fundraising Represen         | tative Leadership PAC Sponso   |
| <ol> <li>Custodian of Records: Idea</li> <li>books and records.</li> </ol> | entify by name, address (phone number o                           | ptional) and position of the perso | on in possession of committee  |
| Full Name Karen                                                            | Hinchey                                                           |                                    |                                |
| Mailing Address                                                            | 1600 Elkhom Valley Drive                                          |                                    |                                |
|                                                                            |                                                                   |                                    |                                |
|                                                                            | Casper                                                            | WY WY                              | 82609     -                    |
|                                                                            | CITY ▲                                                            | STATE ▲                            | ZIP CODE ▲                     |
| Title or Position ▼                                                        |                                                                   |                                    |                                |
| Finance Director                                                           |                                                                   | Telephone number 3                 | 07   -   259     -   0788      |
| 8. Treasurer: List the name a any designated agent (e.g.                   | and address (phone number optional) o<br>., assistant treasurer). | of the treasurer of the committee  | e; and the name and address of |
| Full Name<br>of Treasurer Karen                                            | Hinchey: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;                    |                                    |                                |
| Mailing Address                                                            | 1600 Elkhom Valley Drive                                          |                                    | 1-1-1-1-1-1-1-1-1-             |
|                                                                            |                                                                   |                                    |                                |
|                                                                            | Casper                                                            | w <sub>Y</sub>                     | [82609   ] - [ ]               |
| The see De '''                                                             | CITY ▲                                                            | STATE ▲                            | ZIP CODE ▲                     |
| Title or Position ▼                                                        |                                                                   |                                    |                                |
| Treasuren                                                                  |                                                                   | Telephone number 3                 | 07   - 259   - 0788            |

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|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of<br>Designated<br>Agent |                                                                                                                                          |                                       |
| Mailing Address                     |                                                                                                                                          |                                       |
|                                     |                                                                                                                                          | <u>.l. llklkkk</u>                    |
|                                     |                                                                                                                                          |                                       |
|                                     | CITY ▲ STATE ▲                                                                                                                           | ZIP CODE ▲                            |
| Title or Position                   | •                                                                                                                                        |                                       |
|                                     | Telephone number                                                                                                                         | <u> </u>                              |
|                                     | <b>Depositories:</b> List all banks or other depositories in which the committee deposits fund:                                          |                                       |
|                                     | <b>Depositories:</b> List all banks or other depositories in which the committee deposits fundaxes or maintains funds.  Depository, etc. |                                       |
| safety deposit bo                   | xes or maintains funds.                                                                                                                  | · · · · · · · · · · · · · · · · · · · |
| safety deposit bo                   | xes or maintains funds. Depository, etc.                                                                                                 |                                       |
| safety deposit bo                   | xes or maintains funds.<br>Depository, etc.                                                                                              |                                       |
| safety deposit bo                   | xes or maintains funds.  Depository, etc.  John Marshall Bank, , , , , , , , , , , , , , , , , , ,                                       | 20006   -                             |
| safety deposit bo                   | xes or maintains funds.  Depository, etc.  John Marshall Bank, , , , , , , , , , , , , , , , , , ,                                       |                                       |
| safety deposit bo                   | xes or maintains funds.  Depository, etc.    John Marshall Bank                                                                          | 29006   -                             |
| Name of Bank, C                     | xes or maintains funds.  Depository, etc.    John Marshall Bank                                                                          | 29006   -                             |
| Name of Bank, C                     | xes or maintains funds.  Depository, etc.    John Marshall Bank                                                                          | 29006   -                             |
| Name of Bank, I                     | xes or maintains funds.  Depository, etc.    John Marshall Bank                                                                          | ZIP CODE ▲                            |

Washington, DC 20463 1050



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| PREPARER (4/2023)                                                                                                                                                 | Y-JJ- JY<br>DATE PREPARED                                 |  |