FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) MONTANA REPUBLICAN STATE CENTRAL COMMITTEE **PO BOX 935** ADDRESS (number and street) (Check if address is changed) **HELENA** 59624 MT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address TREAS@MTGOP.ORG is changed) Optional Second E-Mail Address katie@burnttimberconsulting.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://mtgop.org/ (Check if address is changed) DATE 2024 C00008086 FEC IDENTIFICATION NUMBER 3. X 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 Tschida, Brad,, 80 24 2024 Signature of Treasurer Tschida, Brad, , , Date 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

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TYPE OF COMMITTEE:	
Candidate Committee:	
(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 information below.)	e the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the REP (Democ Republic	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock Laboration	or Organization
Membership Organization Trade Association Coop	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.	o 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.	o or more political
Committees Participating in Joint Fundraiser	
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6.	Name of Any Connected O	rganization, Affi	iliated Committee, Joint	Fundraising Repre	esentative, or	Leadership PAC	Sponsor
	Rosendale Victory Fu	und					
	I						1
	Mailing Address	1390 Chain Brid	dge Rd 515				
		McLean			VA [22101	
			CITY ▲		STATE ▲	ZIP COI	DE 🛦
	Relationship: Connected	Organization	Affiliated Organization	X Joint Fundraising	Representative	Leadershi	p PAC Sponsor
	Custodian of Records: Identi	ifv by name, add	ress (phone number opt	ional) and position o	f the person in I	possession of cor	nmittee
	books and records.	, .,	(p. 1000 (p. 1000)	, p	, , .		
	Tschida, Bı	rad, , ,					
	Full Name						
	Mailing Address	PO BOX 935					
		1					1
		HELENA			ı MT	59624-0935	
			CITY ▲		STATE ▲	ZIP COI	DE 🛦
	Title or Position ▼						
	TREASURER			Telephone num	ber 406		4349
8.	Treasurer: List the name and any designated agent (e.g., a			the treasurer of the	committee; and	d the name and	address of
	Full Name Tschida, Bi	rad, , ,					
	of Treasurer						
	Mailing Address	PO BOX 935					
		1					1
		HELENA			MT L	59624-0935	
			CITY ▲		STATE ▲	ZIP COI	ne 🛦
	Title or Position ▼		011 1 4		OIAIL =	ZIF GOI	<i>-</i>
	TREASURER		, , , , , , ,	Telephone num	ber 406	- 546 -	4349
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Full Name of Designated Agent	Wenetta, Katie, , , , PO Box 5315		
Mailing Address			
	Helena	MT	59604
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Compliance	Teleph	one number	
	Depositories: List all banks or other depositories in which the oxes or maintains funds.	committee deposits fun	ds, holds accounts, rents
Name of Bank, D	epository, etc.		
	STOCKMAN BANK		
Mailing Address	700 MAIN STREET		
	MU SO CITY	NAT	50204
	MILES CITY	MT	59301
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	depository, etc.		
	BB&T		
Mailing Address	2200 WILSON BLVD, SUITE 100		
	ARLINGTON	VA	22201
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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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
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
SHEEHY VICTORY			
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Spo
		int Fundraising Representa	Leadership PAC Spo
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4.		FEC ID no	ımber	С
ame of Any Connected	l Organization, Affiliated Committee, Joint	Fundraising Repres	entative.	or Leadership PAC Spon
TRUMP 47 COMMIT	_			
Mailing Address	P.O. BOX 509			
	ARLINGTON		VA	22216
Relationship:	CITY ▲	S ⁻	TATE A	ZIP CODE ▲
	Affiliated Committee Affiliated Committee Affiliated Committee	Joint Fundraising Re	epresentat	Leadership PAC Sp
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(h). Joint Fundraisi	ig Participant:		
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Mailing Address	PO BOX 183		
Relationship:	HUDSON CITY A	WI STATE ▲	54016
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