

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

15 APR 15 PM 2:16

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

WALSH FOR MONTANA

ADDRESS (number and street)

3242 Cummins Way

(Check if address is changed)

Missoula

CITY

MT

STATE

59802

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

holly@campaigncompliance.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.none.com

2. DATE

MM / DD / YYYY
04 / 13 / 2015

DD

YYYY

3. FEC IDENTIFICATION NUMBER

C C00550640

4. 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 Holly Giarraputo

Signature of Treasurer

Holly Giarraputo

Holly Giarraputo

Date

MM / DD / YYYY
04 / 13 / 2015

DD

YYYY

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.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

15070127957

5. 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 the candidate information below.)

Name of Candidate JOHN E WALSH

Candidate Party Affiliation Office Sought: House Senate President State MT District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - 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 separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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 federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

1502012755

Write or Type Committee Name

WALSH FOR MONTANA

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Holly Giarraputo

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

202

498

7123

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 of Treasurer Holly Giarraputo

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

15626127859

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

First Interstate Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

PO Box 4667

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Missoula

[Grid for Mailing Address Line 3]

MT

59802

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

15020127966

Hand Delivered

15020127951

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

4-15-15
Date of Receipt

USPS FIRST CLASS MAIL

Date of Receipt

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Postmark

USPS PRIORITY MAIL

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

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OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

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Date of Receipt

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POSTMARK

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Date of Receipt

OTHER

Date of Receipt or Postmark

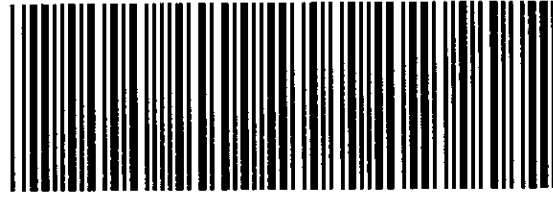
PREPARER

DH

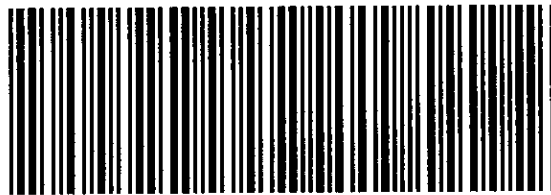
DATE PREPARED

4-15-15

15626127962



SEN PATCH



SEN PATCH

1507017965