

05 JUL 22 PM 1:35

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4MS

MORRISON FOR MONTANA INC.

ADDRESS (number and street)

PO BOX 99



(Check if address is changed)

HELENA

MT

59624

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MORRISON4MT@JOHNMORRISON.US

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JOHNMORRISON.US

COMMITTEE'S FAX NUMBER

406-457-5480

2. DATE

07 18 2005

3. FEC IDENTIFICATION NUMBER ▶

C00911947

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

Bill Kennedy

Signature of Treasurer

Bill Kennedy

Date

07 19 2005

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 800-424-9630 Local 202-684-1100

FEC FORM 1 (Revised 02/2003)

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 LOAN MARRISON

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

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

Name of Candidate _____

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

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

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 ANNIE GLOVER

Mailing Address 618 HARRISON AVE #2
HELENA MT 59601

Title or Position COMPLIANCE MANAGER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 406-570-4592

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 BILL KENNEDY

Mailing Address 902 PARKHILL DR
BILLINGS MT 59102

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 406-245-1605

Full Name of Designated Agent ANNIE GLOVER

Mailing Address 618 HARRISON AVE #2
HELENA MT 59601

Title or Position COMPLIANCE MANAGER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 406-570-4592

8. **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.

MOUNTAIN VEST BANK

Mailing Address

11225 CEDAR ST

HELENA

MT

59.601-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

ACTBLUE

Mailing Address

PO BOX 382119

CAMBRIDGE

MA

02238-2119

CITY ▲

STATE ▲

ZIP CODE ▲

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2 Your Industrial Billing Reference

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15 FedEx International First

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17 FedEx International Priority
18 FedEx International First

19 FedEx International Economy
21 FedEx International Priority
22 FedEx International First

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

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United States Senate

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