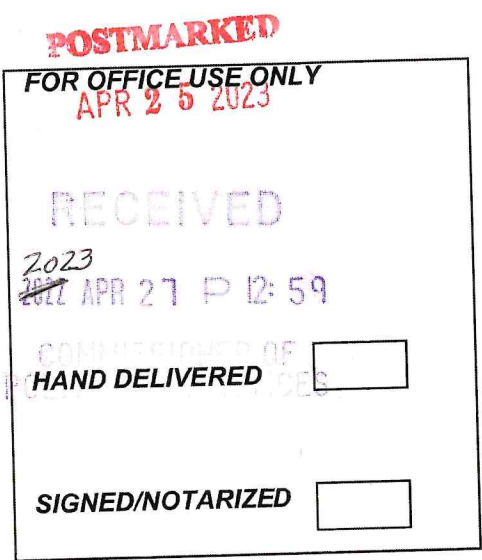


THE STATE OF MONTANA

Commissioner of Political Practices 1209 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 Phone: 406-444-2942 Fax : 406-444-1643 www.politicalpractices.mt.gov

Campaign Finance and Practices

Complaint Form (08/17)



Type or print in ink all information on this form except for verification signature

Person bringing complaint (Complainant):

Complete Name Helena Lovick (For WTF 406) Complete Mailing Address PO Box 1751 Great Falls, MT 59403 Phone Numbers: Work Home 406-231-9995

Person or organization against whom complaint is brought (Respondent):

Complete Name Liberty and Values Project A.K.A. Liberty and Values MT HL Complete Mailing Address PO Box 6446 Great Falls, MT 59405 Phone Numbers: Work 406-788-8387 Home

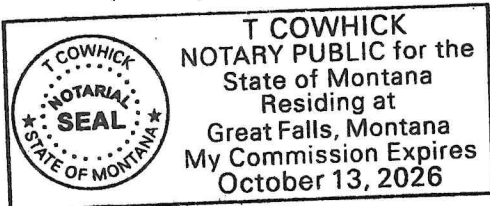
Please complete the second page of this form and describe in detail the facts of the alleged violation.

Verification by oath or affirmation

State of Montana, County of Cascade

I, Helena Lovick, being duly sworn, state that the information in this Complaint is complete, true, and correct, to the best of my knowledge and belief.

(SEAL)



Signature of Complainant (Handwritten signature)

Subscribed and sworn to before me this 25th day of April, 2023.

Signature of Notary Public (Handwritten signature)

My Commission Expires:

Statement of facts:

Describe in detail the alleged violation(s) and cite the statute or statutes you believe have been violated. Please attach copies of documentary evidence to support the facts alleged in your statement.

If the space provided below is insufficient, you may attach additional pages as necessary.

The respondent has failed to place disclaimers on campaign materials as provided in 13-35-225 MCA.

See attached photos (2).

Complaints must be:

- signed
- notarized
- delivered in person or by mail.



NO LIBERTY LEVY

Meyers
Political Action Committee
P.O. Box 111
Bozeman, MT 59711

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MONTANA

Women
FOR TRUMP

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