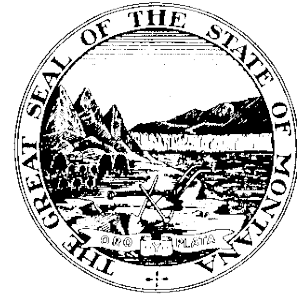


THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1209 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov



INSTRUCTIONS (Revised 7/17) **FORM C-2** **STATEMENT OF ORGANIZATION**

WHO IS REQUIRED TO FILE A FORM C-2?

All political committees must file a Form C-2. To assist in determining the type of Political Committee see MCA 13-1-101.

WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§ 13-37-201, 13-37-202, and 13-37-205 and Administrative Rules of Montana 44.11.201, the following information is required to be reported:

- full name and complete address of the political committee;
- indication of whether or not committee is incorporated;
- full name and complete address of the treasurer and deputy treasurer(s), if any;
- full names, complete addresses, and titles of any additional officers;
- full name and complete address of the location of the political committee depository;
- full name(s) and complete address(es) of the location(s) of secondary depository(ies), if any; and
- purpose of committee and/or name(s) of candidate(s) or ballot issue(s) supported or opposed and date(s) of election(s).

WHEN MUST A FORM C-2 BE FILED?

A Form C-2 must be filed within five (5) days after appointing a campaign treasurer or making an expenditure to support or oppose a candidate or ballot issue, whichever occurs first.

WHERE MUST A FORM C-2 BE FILED?

- Reports are to be filed with the Commissioner of Political Practices via e-filing at CERS.
- One copy is to be retained for the committee's records.

COMMISSIONER OF POLITICAL PRACTICES

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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-2 (Revised 7/17)
STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One):

ARCHIVED FORM - MUST
FILE ONLINE USING CERS

- INDEPENDENT COMMITTEE
POLITICAL PARTY COMMITTEE
BALLOT ISSUE COMMITTEE
INCIDENTAL COMMITTEE

ORIGINAL FILING []

AMENDED FILING []

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FULL NAME OF COMMITTEE (Refer to Montana Code Annotated § 13-37-210, Naming and Labeling Statute)

COMPLETE MAILING ADDRESS (Including City, State, Zip Code)

COMPLETE STREET ADDRESS (Including City, State, Zip Code)

Incorporated: (Check one) [] YES [] NO

FULL NAME OF COMMITTEE TREASURER

COMPLETE MAILING ADDRESS (Including City, State, Zip Code)

COMPLETE STREET ADDRESS (Including City, State, Zip Code)

E-Mail Address (Please Print) Home Telephone Number Work Telephone Number Facsimile Number

FULL NAME OF DEPUTY TREASURER(S), if any *

COMPLETE MAILING ADDRESS (Including City, State, Zip Code)

COMPLETE STREET ADDRESS (Including City, State, Zip Code)

E-Mail Address (Please Print) Home Telephone Number Work Telephone Number Facsimile Number
* attach list if necessary

COMMITTEE ACCOUNT INFORMATION

FULL NAME OF BANK

COMPLETE ADDRESS (Including City, State, Zip Code)

SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, if any (attach list if necessary)

FULL NAME OF BANK

COMPLETE ADDRESS (Including City, State, Zip Code)

ADDITIONAL OFFICERS (attach list if necessary)

OFFICERS FULL NAME _____ TITLE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____

OFFICERS FULL NAME _____ TITLE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____

Purpose of Committee and/or	Support	Oppose	N/A	Date of Election
Name(s) of Candidate(s) or Ballot Issue (s)	Support	Oppose	N/A	Date of Election

CERTIFICATION

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true, complete and correct.

Officer's Signature _____ Title _____ Date and place _____

For County, Municipal, or School committees only: Please check this box if contributions/expenditures will not exceed \$500. (If \$500 is exceeded, filing of campaign finance reports will be required.)

ARCHIVED FORM - WILL NOT SUBMIT

Notice: You must follow up with a signed hard copy to CPP.