

Commissioner of Political Practices  
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COMMISSIONER OF POLITICAL PRACTICES

SIGNED/NOTARIZED

### 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 Courtney Rappleye  
Complete Mailing Address 357 5th Ave EN  
Kalispell, MT 59901  
Phone Numbers: Work \_\_\_\_\_ Home 406.253.7941

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

Complete Name Patricia Pandina  
Complete Mailing Address PO Box 621  
Columbia Falls, MT 59912  
Phone Numbers: Work \_\_\_\_\_ Home 406.250.3062

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

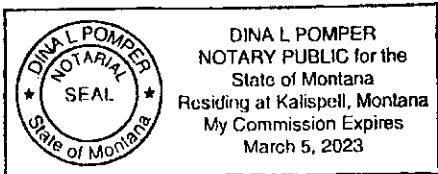
#### Verification by oath or affirmation

State of Montana, County of Flathead

I, Courtney Rappleye, 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]  
Signature of Complainant



Subscribed and sworn to before me this 12 day of

April, 2021  
[Signature]  
Notary Public

My Commission Expires: 3/5/2023

**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.

1- School Board Trustees in Kalispell need to live in their district, She lives in a different city. Also, a candidate is required to file with COFP within 5 days following their declaration of intent to run. Patricia turned in her Declaration on Feb 23rd & didn't file with COFP until March 17th.

**Complaints must be:**

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