

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

POSTAL SERVICE APR 20 2021

Campaign Finance and Practices

Complaint Form (08/17)

FOR OFFICE USE ONLY RECEIVED 2021 APR 22 A 9:23 HAND DELIVERED SIGNED/NOTARIZED

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 Tina Tobias Complete Mailing Address 433 Birch Grove Rd Kalispell, MT 59901 Phone Numbers: Work Home

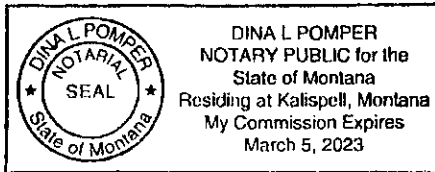
Please complete the second page of this form and describe in detail the facts of the alleged violation.

Verification by oath or affirmation

State of Montana, County of 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 of Complainant (Courtney Rappleye)

Subscribed and sworn to before me this 19th day of April, 2021.

Notary Public (Dina L. Pomper)

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.

She submitted her declaration on February 25th & didn't register with COPP until April 9th, well past the 5 day mark & well past the registration deadline.

She also didn't list a physical address so we don't know for sure that she lives within the Kallispell School District.

**Complaints must be:**

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