

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

FOR OFFICE USE ONLY

RECEIVED

2022 AUG -1 P 1:53

HAND DELIVERED

SIGNED/NOTARIZED

POSTMARKED

JUL 30 2022

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 David Wendt
Complete Mailing Address Box 133 Lima Montana 59739
Phone Numbers: Work Home 406-660-7273

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

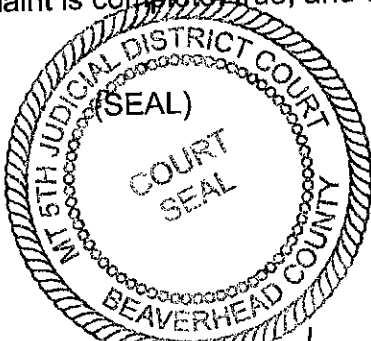
Complete Name Chris Brozell
Complete Mailing Address 214 N. Main Lima Montana 59739
Phone Numbers: Work Home no phone

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 Beaverhead

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



Signature of Complainant (David Wendt)

Subscribed and sworn to before me this 28th day of July, 2022.

Notary Public (Carly Jay Anderson)

My Commission Expires n/a

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.

see at t ached

Complaints must be:

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

To whom it may concern.

I would like to file a complaint against Chris Brozell from Lima in his filling to run for Beaverhead County Sheriff. Brozell has not filed his C5 reports in a timely matter and all candidates were told that if these reports was not filed that they would not be on the ballot. Brozell has done newspaper ads and sent out flyers that is well over the \$500 spending cap which makes it reportable. Everyone follows the rules and there should not be any exceptions just because he doesn't have a phone or computer. Attached is an email from Deborah Belford stating that if the C5 is not filed you will not be put on the ballot. I crossed all my T's and dotted all my I's and remained compliant. Everyone should follow the rules or be removed from the ballot. Thanks for taking time to look into this and I look forward to hearing from you in this matter.

*David Wendt
406-660-7372*

3:08



2 Messages



C5 due 3/20/22 - All "C" box candidates - spending/ receiving \$500 or more throughout the campaign

Good afternoon! There is a C5 financial report that is due on March 20th (this reporting period ends 3/15/22). Everyone will have a report due to at least report the filing fee. Please see the attachment to see how you will report the filing fee according to how you paid for your filing.

In order to be on the ballot, this report does needs to be filed.

Here are the three different ways that you can look at if you are not sure how to file a C-5:

https://politicalpractices.mt.gov/_docs/Training-materials-and-pp/2022-Training-materials-and-PP/Generic-Campaign-Finance-Training_Update-2022.pptx (Power Point)

https://politicalpractices.mt.gov/_docs/Training-materials-and-pp/2022-Training-materials-and-PP/Generic-Campaign-Finance-Training_Update-2022.pdf (PDF)

<https://us02web.zoom.us/rec/play/uHaA3vDzR2T8oMjUSkgSeN0va56AGWPmk2Eqshgcc7LHMVYTedqzUHWox42jvAavKViPJlzeeVCI3m34.w8pfMVeWLE7E-A7Y?> (ZOOM link)



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

FORM C-5 (Revised 10/10)
CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING OR AMENDED FILING

REPORTING PERIOD: From April 1 2022 To June 30 2022

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

FULL NAME OF CANDIDATE Chris Byzell
 COMPLETE MAILING ADDRESS PO Box 253 Lima, MT 59739
(Include City, State, Zip Code)

COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required)
Sherriff

Initial Report
 Periodic Report
 Closing Report
 No transactions in period

FOR OFFICE USE ONLY
 Date Received and Postmark Date
Received
2022 July 21 A 9:52
COPP
Postmarked 7-18-2022

CASH SUMMARY: MONEY RECEIVED AND SPENT		PRIMARY	GENERAL
1. CASH IN BANK – Balance from previous report.....		\$ _____	\$ _____
2. RECEIPTS – Total received and deposited this period from Schedule A.....		\$ _____	\$ _____
3. CORRECTIONS – Addition or subtraction from Schedule D (Circle: + or -)		+ \$ _____	+ \$ _____
		- \$ _____	- \$ _____
	Subtotal.....	\$ _____	\$ _____
4. EXPENDITURES – Total paid out this period from Schedule B.....		- \$ _____	- \$ <u>1041.00</u>
5. CASH IN BANK – Ending balance this report.....		\$ _____	\$ _____

I, Chris Byzell, Candidate, declare under penalty of perjury and under the laws of the state of Montana that the foregoing including all attachments is true, complete and correct, in accordance with Montana Code Annotated, Title 13, chapter 37.

Signature [Signature]
 NOTE: Report MUST BE SIGNED by the candidate or candidate's treasurer whose name is on the Statement of Candidate form on file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
1. Candidate's Personal Contributions			0		1289.00	0	1289.00
2. Contributions Less Than \$35 Each						0	0
3. Loans Creditor's full name/complete mailing address <u>REQUIRED</u>	Occupation Employer					0	0
	Occupation Employer						
	Occupation Employer						
4. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)	Date Required						
TOTAL RECEIPTS THIS PAGE				0	0	0	1289.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)		In-Kind Description & Value PRIMARY GENERAL	Cash or Check Amount PRIMARY GENERAL	Total to Date Amount PRIMARY GENERAL	
5. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED	Date Received Required				
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
TOTAL RECEIPTS THIS PAGE		0	0	0	0

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)		Date Received	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
6. Political Party Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		Date Required	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name _____								
Address _____								
City, State, Zip Code _____								
Name _____								
Address _____								
City, State, Zip Code _____								
7. Incidental Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		Date Required						
Name _____								
Address _____								
City, State, Zip Code _____								
8. Other Political Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		Date Required						
Name _____								
Address _____								
City, State, Zip Code _____								

TOTAL RECEIPTS THIS PAGE

0 0 0 0

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of \$35 or More

REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION
Full name, complete mailing address, occupation, & employer

Name Address City, State, Zip Code	Occupation Employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						

TOTAL RECEIPTS THIS PAGE

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 - 9) in this total

0	0	0	0
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IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B.
Expenditures – This Reporting Period

1. PETTY CASH Expenditures (TOTAL THIS PERIOD)

Purpose

Date

PRIMARY Amount GENERAL

2. All Other Expenditures
Full name and complete mailing address of each payee **REQUIRED**

Name Address City, State, Zip Code Dillon, MT 59725	Survey	May 19 2022		500.00
Name Address City, State, Zip Code Dillon, MT 59725	Survey	May 19 2022		541.00
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				

TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH

1041.00

TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) In this total

1041.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor REQUIRED		Purpose	Date Incurred	Balance Due PRIMARY	Balance Due GENERAL
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED



COMMISSIONER OF
POLITICAL PRACTICES

STATE OF MONTANA

JEFF MANGAN
COMMISSIONER
TELEPHONE (406) 444-2942
FAX (406) 444-1643
www.politicalpractices.mt.gov

1209 EIGHTH AVENUE
P.O. BOX 202401
HELENA, MT 59620-2401

July 12, 2022

Mr. Chris Brozell
P.O. Box 253
Lima, Montana 59739

Dear Mr. Brozell:

Thank you for the letter and the C5 report.

COPP spoke with you on February 14, 2022 when you were running as a "B" candidate – campaign with contributions/expenditures under \$500. Now, according to the July 5, 2022 letter and report received from you on July 6, 2022, your campaign has now moved to a "C" candidate status where \$500 or more has been received/spent.

COPP has received the paper C5 form. I am attaching a copy back to you because there is no **reporting period** listed on the C5, nor is the **office sought** filled out. Please make sure if you are filing with paper that you are filling in **ALL THE NECESSARY INFORMATION**.

COPP will accept the paper C5 as you, the candidate, reporting contributions and expenditures for your campaign, but this is not granting you a waiver from filing electronically. All candidate and committee campaigns are required to file electronically according to HB 181.

Respectfully,

A handwritten signature in cursive script that reads "Deborah Belford".

Deborah Belford
Compliance Specialist

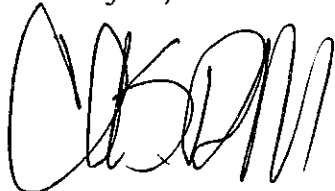
State of Montana
Commissioner of Political practices
1209 Eighth Avenue
Helena, MT 59620
Fax number: 406-444-1643

July 5, 2022

To whom it may concern;

Please accept this fax and additional mail copy of form C-5 sent July 5, 2022. I have had an agonizing time trying to file electronically, and in fact have never been able to access my login credentials even with password resets and the help of your accommodating and very professional staff. I appreciate that everyone there has been extremely helpful with all my inquiries and continual login issues. Without having a personal phone, it is an extreme imposition on the public library to continually borrow the use of their phone during normal business hours and I cannot continue relying on their charity. Filing paper versions of the required forms does seem to be the best solution for my situation – no phone nor email.

Thank you,

A handwritten signature in black ink, appearing to read 'CBROZELL', written in a cursive style.

Chris Brozell
P. O. Box 253
Lima, MT 59739

SCHEDULE A. Receipts -- This Reporting Period (continued)

9. Individual Contributors of \$35 or More

REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION
Full name, complete mailing address, occupation, & employer

		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name _____	Occupation _____						
Address _____	Employer _____						
City, State, Zip Code _____							
Name _____	Occupation _____						
Address _____	Employer _____						
City, State, Zip Code _____							
Name _____	Occupation _____						
Address _____	Employer _____						
City, State, Zip Code _____							

TOTAL RECEIPTS THIS PAGE

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 - 9) in this total

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures – This Reporting Period		Purpose	Date	PRIMARY	Amount	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)						
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>						
Name <u>Womaks Printing Place</u> Address _____ City, State, Zip Code <u>Dillon, MT 59725</u>		<u>Survey</u>	<u>May 2022</u>		<u>500.00</u>	<u>250.00</u>
Name <u>Dillon Tribe</u> Address <u>P.O. box 94</u> City, State, Zip Code <u>Dillon, MT 59725</u>		<u>Survey</u>	<u>May 2022</u>		<u>541.00</u>	
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						

In-kind contributions
from cards

TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH

1041.00

TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total

1041.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor REQUIRED		Purpose	Date Incurred	Balance Due PRIMARY GENERAL	
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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 10/19)

FORM C-5
CANDIDATE CAMPAIGN FINANCE REPORT

WHO IS REQUIRED TO FILE A FORM C-5?

Pursuant to Montana Code Annotated §13-37-225 and 13-37-226, Form C-5 is the candidate campaign finance reporting form and must be filed by all candidates who have filed a C-1 running for statewide or state district office as well as all county, municipal, and school candidates that have designated themselves 'C' box candidates (designating that they will have at least \$500 combined in campaign contributions and expenditures) on the C-1A Statement of Candidate.

WHAT INFORMATION IS TO BE REPORTED?

The information requested on Form C-5 is required in accordance with Montana Code Annotated §13-37-225 and 13-37-226. Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual available on the agency website through the "Campaign Finance Disclosure" link (at http://politicalpractices.mt.gov/campaignfinance).

WHEN MUST A FORM C-5 BE FILED?

All candidates follow the same C-5 reporting calendar, which is available on the Reporting Calendars page, http://politicalpractices.mt.gov/calendars.

WHERE MUST A FORM C-5 BE FILED?

- As of October 2019, all candidates must file C-5 reports in CERS, the Campaign Electronic Reporting System. The attached C-5 is included only for reference and to provide a visual point-of-reference about the disclosure required in a C-5 form.
For school trustee candidates, one copy is to be filed with the school clerk.
One copy is to be retained for the candidate's records.

Please detach these instructions before filing Form C-5

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

FORM C-5 (Revised 10/10)
CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING [X] OR AMENDED FILING

REPORTING PERIOD: From Feb 14, 2022 To March 31, 2022

FOR OFFICE USE ONLY
Date Received and Postmark Date
Received
2022 July 21
A 9:52
COPP
Postmarked 7/19/22

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

Form with fields for Candidate Name (Chris Brazell), Complete Mailing Address (P.O. Box 253, Lima, MT 59139), Complete Description of Office Sought (Sheriff), and CASH SUMMARY (Money Received and Spent).

CERTIFICATION
I, Chris Brazell, Candidate, declare under penalty of perjury and under the laws of the state of Montana that the foregoing including all attachments is true, complete and correct, in accordance with Montana Code Annotated Title 13, chapter 37.
Signature: [Handwritten Signature]

NOTE: Report MUST BE SIGNED by the candidate or candidate's treasurer whose name is on the Statement of Candidate form. It is to be filed in the office of the Commissioner of Political Practices.

SCHEDULE A. Receipts - This Reporting Period (continued)	Date Received <i>Required</i>	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
5. Political Action Committee Contributions Committee's full registered name and complete mailing address <i>REQUIRED</i>							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE			0		0		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts - This Reporting Period	Occupation & Employer <i>REQUIRED</i>	Loan Date <i>Required</i>	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
			PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
1. Candidate's Personal Contributions				0		275 ⁰⁰		
2. Contributions Less Than \$35 Each								
3. Loans Creditor's full name/complete mailing address <i>REQUIRED</i>	Occupation Employer							
	Occupation Employer							
	Occupation Employer							
4. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (<i>Describe</i>)		Date <i>Required</i>						
TOTAL RECEIPTS THIS PAGE				0		275 ⁰⁰		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)							
9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
TOTAL RECEIPTS THIS PAGE							
TOTAL RECEIPTS THIS REPORTING PERIOD <i>Include ALL of Schedule A (Sections 1 - 9) in this total</i>							

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 4)

SCHEDULE A. Receipts – This Reporting Period (continued)		Date Received	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
			PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
6. Political Party Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		Date <i>Required</i>						
Name _____ Address _____ City, State, Zip Code _____								
Name _____ Address _____ City, State, Zip Code _____								
Name _____ Address _____ City, State, Zip Code _____								
7. Incidental Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		Date <i>Required</i>						
Name _____ Address _____ City, State, Zip Code _____								
8. Other Political Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		Date <i>Required</i>						
Name _____ Address _____ City, State, Zip Code _____								
TOTAL RECEIPTS THIS PAGE								

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor REQUIRED	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.			
Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
Name Clerk recorder @ S. Pacific Address Dillon, MI 59725 City, State, Zip Code	Filing fee	Feb 14 2022		275.00
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				275.00
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED