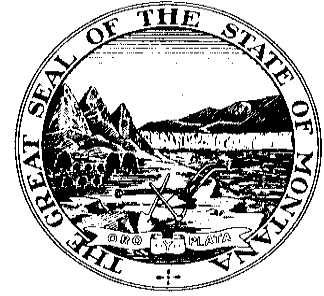


THE STATE OF MONTANA

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



E-MAIL ADDRESS REQUEST

FORM C-1 STATEMENT OF CANDIDATE

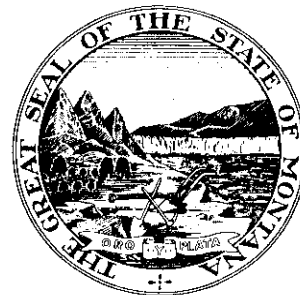
We are continuing to make efforts to reduce agency operating costs. To complement these efforts, I am requesting that each candidate filing a form C-1 Statement of Candidate provide, if available, their e-mail address and their treasurer's e-mail address. Thereafter, communications from this office will be electronic. To go completely paperless, simply navigate to our Featured Online Services from our homepage, and use our on-line candidate filing forms.

Thank you for your assistance.

Jeff Mangan
Commissioner

July, 2017

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INSTRUCTIONS (Revised 7/17) **FORM C-1** **STATEMENT OF CANDIDATE**

WHO IS REQUIRED TO FILE A FORM C-1?

All candidates campaigning for statewide and state district offices must file a Form C-1.

WHAT INFORMATION IS TO BE REPORTED?

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

- full name, complete mailing address of the treasurer;
- full name, complete mailing address of any deputy treasurer; and
- full name and complete address of the depository in which the campaign account is located.

Please note:

- *A candidate may appoint himself or herself as the campaign treasurer or deputy treasurer. Such an appointment subsequently may be changed by filing an amended Form C-1.*
- *The treasurer of a candidate's campaign is responsible for keeping detailed accounts of all contributions received and expenditures made by the campaign.*
- *The treasurer of a candidate's campaign is the individual to whom correspondence and notices will be sent unless the Commissioner's office is otherwise directed.*
- *Collecting of general funds during a contested primary are required to be maintained in a separate account.*

WHEN MUST A FORM C-1 BE FILED?

Form C-1 must be filed within five (5) days after receiving or spending money, appointing a campaign treasurer, or filing for office, whichever occurs first.

WHERE MUST A FORM C-1 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 candidate's records.

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FOR OFFICE USE ONLY

Date Received and Postmark Date

FORM C-1 (Revised 7/17)

STATEMENT OF CANDIDATE

TO BE FILED by CANDIDATE FOR STATEWIDE OR STATE DISTRICT OFFICE

ORIGINAL FILING AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

CANDIDATE FULL NAME _____

CANDIDATE COMMITTEE NAME _____

E-MAIL ADDRESS (Please Print) _____

COMPLETE DESCRIPTION OF OFFICE SOUGHT _____
(including exploratory)

PARTY AFFILIATION, if any _____ **COUNTY OF RESIDENCE** _____

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

CONTACT NUMBERS: _____
Home Telephone Number Work Telephone Number Facsimile Number

CAMPAIGN TREASURER (Must be registered to vote in Montana)

FULL NAME _____

E-MAIL ADDRESS (Please Print) _____

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

CONTACT NUMBERS: _____
Home Telephone Number Work Telephone Number Facsimile Number

DEPUTY TREASURER, if any (Must be registered to vote in Montana)

FULL NAME _____

E-MAIL ADDRESS (Please Print) _____

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

CONTACT NUMBERS: _____
Home Telephone Number Work Telephone Number Facsimile Number

CAMPAIGN ACCOUNT INFORMATION

FULL NAME OF BANK _____

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

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

Candidate's Signature Date and place