

THE STATE OF MONTANA

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**COMMISSIONER OF POLITICAL PRACTICES**  
1209 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
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WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)



## **Instructions** (Revised 09/17)

# **Form C-118C**

# **Disposition of Surplus Campaign**

# **Funds Statement - Establishing a Constituent Account**

### **Who Is Required To File A Form C-118C?**

Following the filing of a closing campaign finance report, all candidates with surplus campaign funds are required to file either a Form C-118 or C-118C, pursuant to Montana Code Annotated § 13-37-240. A candidate that has been elected and has chosen to open a constituent services account must file a Form C-118C.

### **What Information Is To Be Reported?**

Pursuant to 13-37-240, MCA, the candidate shall disclose the establishment of a constituent services account. The Form C-118C shall be accompanied by a copy of the transaction between the campaign account and the constituent account.

### **When Must A Form C-118C Be Filed?**

Within 120 days of filing a closing campaign finance report, a candidate must dispose of surplus campaign funds. Form C-118 must be filed by a candidate within 135 days after a closing report is filed.

### **Where Must A Form C-118C Be Filed?**

- One copy is to be filed with the Commissioner of Political Practices at the address above.
- One copy is to be retained for the candidate's records.

Commissioner of Political Practices  
1209 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
Phone: 406-444-2942  
Fax: 406-444-1643  
On the web: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

**For office use only:**

Date Received and Postmark Date

**Form C-118C** (Revised 09/17)  
**Establishing a Constituent Services Account**

ORIGINAL FILING  AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

Full name \_\_\_\_\_

Email address \_\_\_\_\_

Title of public office you were elected to \_\_\_\_\_

Mailing address \_\_\_\_\_  
(Include City, State, Zip)

Phone numbers: \_\_\_\_\_  
Home or cell phone      Work or other phone      Facsimile number

**Authorized signature** (In addition to the elected official - *optional*)

Full name \_\_\_\_\_

Email address \_\_\_\_\_

Mailing address \_\_\_\_\_  
(Include City, State, Zip)

Contact numbers: \_\_\_\_\_  
Home or cell phone      Work or other phone      Facsimile number

**Campaign account information**

Full name of bank \_\_\_\_\_

Mailing address \_\_\_\_\_  
(Include City, State, Zip)

Phone number \_\_\_\_\_      Amount transferred \_\_\_\_\_

**Constituent services account information**

Full name of bank \_\_\_\_\_

Mailing address \_\_\_\_\_  
(Include City, State, Zip)

Phone number \_\_\_\_\_

**Certification:** I 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 \_\_\_\_\_ Date \_\_\_\_\_