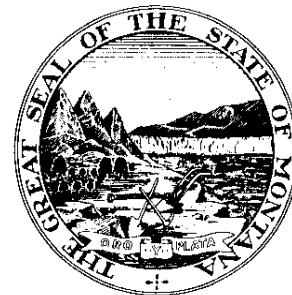


COMMISSIONER OF POLITICAL PRACTICES
1209 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov



INSTRUCTIONS (Revised 04/08) **FORM C-6** **POLITICAL COMMITTEE FINANCE REPORT**

WHO IS REQUIRED TO FILE A FORM C-6?

Pursuant to Montana Code Annotated § 13-37-225, each political committee shall file periodic reports of contributions received and expenditures made to or on behalf of candidates for elective office or in support of or opposition to ballot issues.

Each county, municipal, and school district political committee is required to file periodic reports if contributions are received or expenditures made that exceed \$500.

WHAT INFORMATION IS TO BE REPORTED?

The information requested on Form C-6 is required in accordance with Montana Code Annotated §§ 13-37-225 and 13-37-226 and Administrative Rules of Montana 44.10.531(4). Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual for Political Committees available on the agency website through the "Campaign Finance and Practices" link and then "Committee Information" from the drop down menu.

WHEN MUST A FORM C-6 BE FILED?

Montana Code Annotated §§ 13-37-226 and 13-37-228 provide the schedules for the filing of Form C-6 reports. Reporting calendars also are available on the agency website through the "Campaign Finance and Practices" link and then "Committee Information" from the drop down menu.

WHERE MUST A FORM C-6 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be filed with the Election Administrator of the county in which the committee has its headquarters.
- One copy is to be retained for the committee's records.

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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-6 (Revised 04/08)
POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

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

FULL REGISTERED NAME OF COMMITTEE

COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

REPORTING PERIOD
From _____
To _____

<input type="checkbox"/>	Initial Report
<input type="checkbox"/>	Periodic Report
<input type="checkbox"/>	Closing Report
<input type="checkbox"/>	No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

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.....	-- \$ _____
5. CASH IN BANK – Ending balance this report.....	\$ _____

CERTIFICATION

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

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

SCHEDULE A. Receipts – This Reporting Period			In-Kind Description Value		Cash or Check Amount	Total to Date Amount
1. Contributions Less Than \$35 Each (Total)						
2. Loans Creditor's full name / complete Mailing address <i>REQUIRED</i>	Occupation & Employer REQUIRED	Loan Date Required				
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer					
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer					
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer					
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts <i>(Describe)</i>		Date Required				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)		In-Kind Description Value		Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Date Received <u>Required</u>				
_____ 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					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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

TOTAL RECEIPTS THIS PAGE

SCHEDULE A. Receipts – This Reporting Period (continued)

8. Individual Contributors of \$35 or More <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED:</u> Full name, complete mailing address, occupation & employer		In-Kind Description Value		Cash or Check Amount	Total to Date Amount
_____ 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
Include ALL of Schedule A (Sections 1 – 8) in this total

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 <i>REQUIRED</i>				
_____ 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				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount	
				PRIMARY	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee <i>REQUIRED</i>					
_____ 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					
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total					

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 <u>REQUIRED</u>	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 <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u>.			
Originally Reported on SCHEDULE DATE		As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED