

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM E-1 (Revised 06/12)
**MULTIPLE PUBLIC EMPLOYMENT
DISCLOSURE STATEMENT**

TO BE FILED by PUBLIC OFFICERS, LEGISLATORS and PUBLIC EMPLOYEES

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

FULL NAME OF PUBLIC OFFICER, LEGISLATOR, OR PUBLIC EMPLOYEE

Last First M.I.

E-MAIL ADDRESS (Please Print)

Complete Mailing Address

City, State, Zip Code

Telephone Numbers: Work _____ Home _____

MULTIPLE PUBLIC EMPLOYMENT IS (check one)

ON-GOING

OCCASIONAL

PUBLIC EMPLOYER NUMBER ONE

Name

E-MAIL ADDRESS (Please Print)

Complete Mailing Address

City, State, Zip Code

Contact Numbers: Telephone _____ Facsimile _____

DATE(S) EMPLOYED: From _____ **To** _____

TITLE OR DESCRIPTION OF POSITION: _____

AMOUNT(S) AND METHOD(S) OF PAYMENT: _____

FORM E-1 MULTIPLE PUBLIC EMPLOYMENT DISCLOSURE STATEMENT, PAGE 2

PUBLIC EMPLOYER NUMBER TWO

Name _____
<u>E-MAIL ADDRESS</u> (Please Print) _____
Complete Mailing Address _____
City, State, Zip Code _____
Contact Numbers: Telephone _____ Facsimile _____
DATE(S) EMPLOYED: From _____ To _____
TITLE OR DESCRIPTION OF POSITION: _____
AMOUNT(S) AND METHOD(S) OF PAYMENT: _____

Describe how compliance with the provisions of Montana Code Annotated § 2-2-104(3) will be achieved:

CERTIFICATION

I hereby certify that the foregoing statements are true and correct to the best of my knowledge.

Signature

Date

Notice: you must follow up with a signed hard copy to CPP. Delivery receipt of this form will appear in your email. For further guidance, contact CPP at (406) 444-2942. (Internet Explorer is recommended)