

Commissioner of Political Practices  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
Phone: 406-444-2942  
Fax : 406-444-1643  
www.politicalpractices.mt.gov

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HAND DELIVERED   
CERTIFIED MAIL   
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# Lobbying

## Complaint Form (10/09)

Type or print in ink all information on this form except for verification signature

**Person bringing complaint (Complainant):**

Complete Name \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers:                      Work \_\_\_\_\_ Home \_\_\_\_\_

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

Complete Name \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers:                      Work \_\_\_\_\_ Home \_\_\_\_\_

***Please complete the second page of this form and describe in detail the facts of the alledged violation.***

### Verification by oath or affirmation

State of Montana, County of \_\_\_\_\_

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

(SEAL)

\_\_\_\_\_  
Signature of Complainant

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

