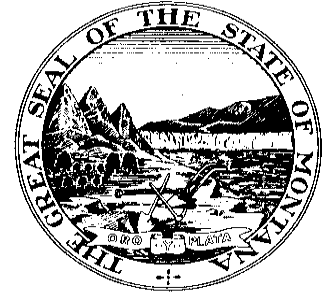


THE STATE OF MONTANA

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



## E-MAIL ADDRESS REQUEST

### FORM C-1 STATEMENT OF CANDIDATE

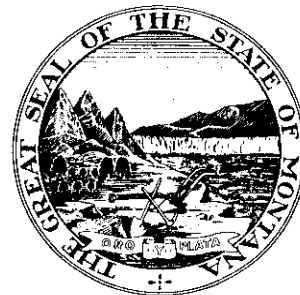
We are continuing to make efforts to reduce agency operating costs. To complement these efforts, I am requesting that each candidate filing a form C-1 Statement of Candidate provide, if available, their e-mail address and their treasurer's e-mail address. Thereafter, communications from this office will 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.

Jonathan Motl  
Commissioner

June, 2013

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## **INSTRUCTIONS** (Revised 10/15) **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 10/15)  
**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 hereby verify that the foregoing statements are true, complete and correct.*

\_\_\_\_\_  
Candidate's Signature      Date