

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
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FOR OFFICE USE ONLY

Date Received and Postmark Date

FORM C-7 (Revised 06/03)
NOTICE OF PRE-ELECTION CONTRIBUTIONS
TO BE FILED by CANDIDATE or POLITICAL COMMITTEE

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

CANDIDATE or POLITICAL COMMITTEE	IF CANDIDATE, PROVIDE COMPLETE DESCRIPTION OF OFFICE SOUGHT <i>Required</i>
Full Name _____	
Complete Mailing Address _____	
(City, State, Zip Code) _____	

DATE RECEIVED <i>Required</i>	NAME AND MAILING ADDRESS <i>Required</i>	OCCUPATION & EMPLOYER <i>Required</i>	CONTRIBUTION		CIRCLE	
			IN-KIND <i>Description & Value</i>	CASH or CHECK <i>Amount</i>	P=Primary	G=General
	Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____			P	G
	Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____			P	G
	Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____			P	G

This report **must be signed by the candidate or by the candidate's treasurer** whose name is on the Statement of Candidate Form C-1 or Form C-1-A on file in the office of the Commissioner of Political Practices. In the case of a political committee, this report **must be signed by an officer** whose name is on the Statement of Organization Form C-2 on file in the office of the Commissioner of Political Practices.

Signature _____

Title _____

Date _____