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FOR OFFICE USE ONLY
 Date Received and Postmark Date

FORM C-5 (Revised 08/08)
CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING

OR

AMENDED FILING

REPORTING PERIOD: From _____ To _____

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

<p>_____ FULL NAME OF CANDIDATE</p> <p>_____ COMPLETE MAILING ADDRESS <i>(Include City, State, Zip Code)</i></p>	<p>COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required)</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>Initial Report</td></tr> <tr><td><input type="checkbox"/></td><td>Periodic Report</td></tr> <tr><td><input type="checkbox"/></td><td>Closing Report</td></tr> <tr><td><input type="checkbox"/></td><td>No transactions in period</td></tr> </table>	<input type="checkbox"/>	Initial Report	<input type="checkbox"/>	Periodic Report	<input type="checkbox"/>	Closing Report	<input type="checkbox"/>	No transactions in period
<input type="checkbox"/>	Initial Report									
<input type="checkbox"/>	Periodic Report									
<input type="checkbox"/>	Closing Report									
<input type="checkbox"/>	No transactions in period									
<p>CASH SUMMARY: MONEY RECEIVED AND SPENT</p> <p>1. CASH IN BANK – Balance from previous report..... \$ _____</p> <p>2. RECEIPTS – Total received and deposited this period from Schedule A..... \$ _____</p> <p>3. CORRECTIONS – Addition or subtraction from Schedule D (Circle: + or --) _____ Subtotal..... \$ _____</p> <p>4. EXPENDITURES – Total paid out this period from Schedule B..... -- \$ _____</p> <p>5. CASH IN BANK – Ending balance this report..... \$ _____</p>	<p>PRIMARY</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ -- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>	<p>GENERAL</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ -- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>								

CERTIFICATION

I, _____, _____, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

 Signature

*NOTE: Report **MUST BE SIGNED** by the candidate or candidate's treasurer whose name is on the Statement of Candidate 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	
			PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
1. Candidate's Personal Contributions								
2. Contributions Less Than \$35 Each								
3. Loans Creditor's full name/complete mailing address <i>REQUIRED</i>	Occupation & Employer <i>REQUIRED</i>	Loan Date <i>Required</i>						
	_____ Occupation _____ Employer							
	_____ Occupation _____ Employer							
	_____ Occupation _____ Employer							
4. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (<i>Describe</i>)		Date <i>Required</i>						
TOTAL RECEIPTS THIS PAGE								

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

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SCHEDULE A. Receipts – This Reporting Period (continued)							
9. Individual Contributors of \$35 or More <i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
_____ 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 <u>Include ALL of Schedule A (Sections 1 - 9) in this total</u>							

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

TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) 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 <i>REQUIRED</i>	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 DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED