

**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)



## **INSTRUCTIONS** (Revised 2/20) **FORM C-2** **STATEMENT OF ORGANIZATION**

### **WHO IS REQUIRED TO FILE A FORM C-2?**

All minor party qualification committees must file a Form C-2. To assist in determining if your entity qualifies as a minor party qualification committee, see § 13-37-601(6) and (7), MCA.

### **WHAT INFORMATION IS TO BE REPORTED?**

Pursuant to Montana Code Annotated § 13-37-602, the following information is required to be reported:

- full name and complete address of the minor party qualification committee;
- full name and complete address of the treasurer and deputy treasurer(s), if any;
- full names, complete addresses, and titles of any additional officers;
- full name and complete address of the location of the minor party qualification committee depository;
- full name(s) and complete address(es) of the location(s) of secondary depository(ies), if any; and
- organizational statement for the minor party qualification committee

### **WHEN MUST A FORM C-2 BE FILED?**

A Form C-2 must be filed within five (5) days after a minor party qualification committee becomes a reporting entity.

### **WHERE MUST A FORM C-2 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 committee's records.

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FOR OFFICE USE ONLY  
Date Received and Postmark Date

**FORM C-2** (Revised 02/20)  
**STATEMENT OF ORGANIZATION**

TO BE FILED BY (Check One):

\_\_\_\_\_ **Minor Party Qualification  
Committee**

**ORIGINAL FILING**       **AMENDED FILING**

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

**FULL NAME OF COMMITTEE**

\_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

Incorporated: (Check one)  YES  NO

**FULL NAME OF COMMITTEE TREASURER** \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

**E-Mail Address** (Please Print) \_\_\_\_\_      Home Telephone Number \_\_\_\_\_      Work Telephone Number \_\_\_\_\_      Facsimile Number \_\_\_\_\_

**FULL NAME OF DEPUTY TREASURER(S)**, if any \* \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

**E-Mail Address** (Please Print) \_\_\_\_\_      Home Telephone Number \_\_\_\_\_      Work Telephone Number \_\_\_\_\_      Facsimile Number \_\_\_\_\_  
\* attach list if necessary

**COMMITTEE ACCOUNT INFORMATION**

FULL NAME OF BANK \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

**SECONDARY COMMITTEE ACCOUNT(S) INFORMATION**, if any (attach list if necessary)

FULL NAME OF BANK \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

**ADDITIONAL OFFICERS** (attach list if necessary)

OFFICERS FULL NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

.....  
**E-Mail Address** (Please Print) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

OFFICERS FULL NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

**E-Mail Address** (Please Print) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

Organizational Statement

Empty box for Organizational Statement.

**CERTIFICATION**

*I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true, complete and correct.*

Officer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Submit**