

COMMISSIONER OF POLITICAL PRACTICES
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INSTRUCTIONS (Revised 10/19) **FORM C-4** **INCIDENTAL POLITICAL COMMITTEE FINANCE REPORT**

WHO IS REQUIRED TO FILE A FORM C-4?

Pursuant to Montana Code Annotated § 13-37-225, each political committee is required to file periodic reports of contributions received and expenditures made to or on behalf of candidates for elective office or in support of or opposition to ballot issues.

An incidental committee is a political committee which is not organized or maintained for the primary purpose of influencing elections but which may incidentally become a political committee by reason of making a contribution or expenditure to support or oppose a candidate and/or issue. Administrative Rules of Montana 44.10.327(2)(c).

Each county, municipal, and school district incidental committee is required to file periodic reports if contributions are received or expenditures made that exceed \$500.

WHAT INFORMATION IS TO BE REPORTED?

The information requested on Form C-4 is required in accordance with Montana Code Annotated §§ 13-37-225 and 13-37-226 and Administrative Rules of Montana 44.10.531(4). Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual for Political Committees available on the agency website through the “Campaign Finance and Practices” link and then “Committee Information” from the drop down menu.

WHEN MUST A FORM C-4 BE FILED?

Montana Code Annotated § 13-37-225, 226, and 228 provide the schedules for the filing of Form C-4 reports. As of November 2019, all committees will file campaign finance reports on the same date and for the same time period.

WHERE MUST A FORM C-4 BE FILED?

- All committee campaign finance reports and forms must be filed electronically in the Campaign Electronic Reporting System (CERS).
- One copy is to be retained for the committee’s records.

THE STATE OF MONTANA

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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-4 (Revised 10/19)
INCIDENTAL POLITICAL COMMITTEE
FINANCE REPORT

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

ORIGINAL FILING
AMENDED FILING

REPORTING PERIOD
From _____
To _____

Initial Report
 Periodic Report
 Closing Report
 No new transactions in reporting period

NAME OF INCIDENTAL COMMITTEE
Full Name _____
Complete Mailing Address _____

(City, State, Zip Code)

Cash Summary: Money Received and Spent

| | |
|---|---------------|
| 1. RECEIPTS – Total received and deposited this period from Schedule A..... | \$ _____ |
| 2. CORRECTIONS – Addition or subtraction from Schedule C.....(Circle + or --) | + -- \$ _____ |
| 3. EXPENDITURES – Total paid out this period from Schedule B..... | \$ _____ |

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.

CERTIFICATION

I, _____, _____, declare under penalty of perjury
Name Title
and under the laws of the state of Montana that the foregoing including all attachments is true, complete and correct, in accordance with Montana Code Annotated, Title 13, chapter 37.

Signature

TYPE OR PRINT CLEARLY IN INK

| SCHEDULE A. Receipts – This Reporting Period | | Date | In-Kind Description | In-Kind Value | Cash or Check | Total to Date |
|--|--|----------------------|------------------------|------------------|------------------|------------------|
| 1. Earmarked Contributions Less Than \$35 Each - Total | | | | | | |
| 2. Earmarked Contributions of \$35 or More. For each contributor: full name, complete mailing address, occupation & employer REQUIRED . ONE NAME ONLY FOR EACH CONTRIBUTION. | | <u>Date Required</u> | | | | |
| _____ Name _____ Address _____ City, State, Zip | _____ Occupation _____ Employer | | | | | |
| _____ Name _____ Address _____ City, State, Zip | _____ Occupation _____ Employer | | | | | |
| _____ Name _____ Address _____ City, State, Zip | _____ Occupation _____ Employer | | | | | |
| 3. Rebates, Refunds, Other Miscellaneous Receipts <i>(Describe)</i> | | <u>Date</u> | | | | |
| | | | | | | |
| | | | | | | |

TOTAL RECEIPTS THIS REPORTING PERIOD

| | |
|--|--|
| | |
|--|--|

SCHEDULE B. Expenditures – This Reporting Period

PLEASE NOTE: If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."

| PAYEE – Full Name & Complete Mailing Address REQUIRED | Purpose <u>Required</u> | Date <u>Required</u> | Amount | |
|--|-------------------------|----------------------|---------|---------|
| | | | Primary | General |
| _____ Name _____ Address _____ City, State, Zip | | | | |
| _____ Name _____ Address _____ City, State, Zip | | | | |

SUBTOTAL OF EXPENDITURES THIS PAGE

| | |
|--|--|
| | |
|--|--|

TYPE OR PRINT CLEARLY IN INK

| SCHEDULE B. Expenditures – This Reporting Period | | | | |
|---|-----------------------------------|--------------------------------|---------------------------------------|--|
| PLEASE NOTE: If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose." | | | | |
| PAYEE – Full Name & Complete Mailing Address <i>REQUIRED</i> | Purpose <i>Required</i> | Date <i>Required</i> | Amount Primary General | |
| SUBTOTAL FORWARD (from previous page) | | | | |
| _____ Name _____ Address _____ City, State, Zip | | | | |
| _____ Name _____ Address _____ City, State, Zip | | | | |
| _____ Name _____ Address _____ City, State, Zip | | | | |
| _____ Name _____ Address _____ City, State, Zip | | | | |
| _____ Name _____ Address _____ City, State, Zip | | | | |
| TOTAL EXPENDITURES THIS REPORTING PERIOD | | | | |

| SCHEDULE C. Report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u>. | | |
|--|------------------------------------|--------------------|
| Originally Reported on DATE | As Originally Reported SCHEDULE | Explain Correction |
| | | |
| | | |
| | | |