

COMMISSIONER OF POLITICAL PRACTICES
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FOR OFFICE USE ONLY

Date Received and Postmark Date

FORM C-4 (Revised 02/20)
**INCIDENTAL POLITICAL COMMITTEE
FINANCE REPORT (Minor Party Qualification
Committee Edition)**

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

ORIGINAL FILING
AMENDED FILING

REPORTING PERIOD
From _____
To _____

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

NAME OF MINOR PARTY QUALIFICATION 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

SCHEDULE A. Receipts – This Reporting Period		Date	In-Kind Description	In-Kind Value	Cash or Check	Total to Date
1. Contributions Less Than \$35 Each - Total						
2. 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 (Describe)		<u>Date</u>				

TOTAL RECEIPTS THIS REPORTING PERIOD

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SCHEDULE B. Expenditures – This Reporting Period				
<p><i>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."</i></p>				
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

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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 <u>REQUIRED</u>	Purpose <u>Required</u>	Date <u>Required</u>	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 corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

Submit