

COMMISSIONER OF POLITICAL PRACTICES
1209 Eighth Avenue
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INSTRUCTIONS (Revised 10/19) **FORM C-5** **CANDIDATE CAMPAIGN FINANCE REPORT**

WHO IS REQUIRED TO FILE A FORM C-5?

Pursuant to Montana Code Annotated §13-37-225 and 13-37-226, Form C-5 is the candidate campaign finance reporting form and must be filed by all candidates who have filed a C-1 running for statewide or state district office as well as all county, municipal, and school candidates that have designated themselves 'C' box candidates (designating that they will have at least \$500 combined in campaign contributions and expenditures) on the C-1A Statement of Candidate.

WHAT INFORMATION IS TO BE REPORTED?

The information requested on Form C-5 is required in accordance with Montana Code Annotated §13-37-225 and 13-37-226. Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual available on the agency website through the "Campaign Finance Disclosure" link (at <http://politicalpractices.mt.gov/campaignfinance>).

WHEN MUST A FORM C-5 BE FILED?

All candidates follow the same C-5 reporting calendar, which is available on the Reporting Calendars page, <http://politicalpractices.mt.gov/calendars>.

WHERE MUST A FORM C-5 BE FILED?

- As of October 2019, all candidates must file C-5 reports in CERS, the Campaign Electronic Reporting System. The attached C-5 is included only for reference and to provide a visual point-of-reference about the disclosure required in a C-5 form.
- For school trustee candidates, one copy is to be filed with the school clerk.
- One copy is to be retained for the candidate's records.

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FOR OFFICE USE ONLY
 Date Received and Postmark Date

FORM C-5 (Revised 10/10)
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 --)</p> <p style="text-align: right;">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 style="text-align: center;">PRIMARY</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ -- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">GENERAL</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ -- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>								

CERTIFICATION

I, _____, _____, declare under penalty of perjury 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

*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							

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 <u>REQUIRED</u>	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