

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES 1209 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 PHONE: 406-444-2942 FAX: 406-444-1643 WEBSITE: www.politicalpractices.mt.gov

FOR OFFICE USE ONLY Date Received and Postmark Date

FORM C-8 (Revised 10/19) FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

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

Full name of elected official

Complete mailing address (Include City, State, Zip Code)

REPORTING PERIOD

From

To

- Initial Report
Periodic Report
Closing Report
No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

- 1. Cash in bank - Balance from previous report
2. Bank interest - Total received this period from Schedule A
Subtotal
4. Expenditures - Total paid out this period from Schedule B
5. Cash in bank - Ending balance this report

CERTIFICATION

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

Signature

Schedule A. Bank Interest Earned this Reporting Period

Date Received (Required)	Amount

Total Received: _____

Schedule B. Expenditures - This Reporting Period

PAYEE – Full Name & Complete Mailing Address <i>REQUIRED</i>	Purpose <i>Required</i>	Date <i>Required</i>	Amount
_____ Name _____ Address _____ City, State, Zip			
_____ Name _____ Address _____ City, State, Zip			

Schedule B. Expenditures (cont.)

PAYEE - Full Name & Complete Mailing Address <i>(Required)</i>	Purpose <i>(Required)</i>	Date <i>(Required)</i>	Amount
_____ Name _____ Address _____ City, State, Zip			

Total Expended: _____