THE STATE OF MONTANA	FOR OFFICE USE ONLY Date Received and Postmark Date
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: <u>www.politicalpractices.mt.gov</u>	
FORM D-1 (Revised 01/22)	
BUSINESS DISCLOSURE STATEMENT	
TO BE FILED BY: STATEWIDE or STATE DISTRICT ELECTED OFFICIALS; CANDIDATES for STATEWIDE or STATE DISTRICT OFFICES; DEPARTMENT DIRECTORS; and INDIVIDUALS APPOINTED TO THESE OFFICES	

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

1. NAME	First	M.I.	
2. OFFICE or POSITION HELD or OFFICE SOL	JGHT		
3. EFFECTIVE DATE *	(*Date assum	ed office, was appointed, or declared candidacy)	
4. <u>E-MAIL ADDRESS</u> (Please Print)			
5. COMPLETE MAILING ADDRESS			
(City, State,			
6. CONTACT NUMBERS Home Telephone Num	nber Work Telephone Numb	er Facsimile Number	
7. TYPE OF BUSINESS IN WHICH CURRENTLY ENGAGED OR (in the case of election or appointment to a full-time position) TYPE OF BUSINESS IN WHICH FORMERLY ENGAGED PRIOR TO ELECTION OR APPOINTMENT:			
8. BENEFITS CURRENTLY RECEIVED FROM List each present and past employer from retirement, etc. (Attach a list if necessary)		-	
Name of Employer			
Employer's Address	(City, State, Zi	p Code)	

Name of Employer _

Type of Benefit(s)

Employer's Address _

(City, State, Zip Code)

Type of Benefit(s) ____

9. OTHER BUSINESS INTERESTS List each business (corporation, partnership, an interest that currently is valued at \$1,000	or other business or professional entity or trust) in which you hold or more. (Attach a list if necessary)
business corporation or other entity. If the se corporation. If the security is a corporation lis no address is required. <u>If the security is held</u>	ip of any security, equity, or evidence of indebtedness in any ecurity is a privately held corporation, list the name and address of the sted on a regulated stock exchange, list the name of the corporation; <u>I in a mutual fund, unit investment trust, or real estate investment</u> <u>OT the individual name of the corporation;</u> no address is required.
investment (vehicles/household furnishings),	nership of personal property not held for use or sale in a business or for cash surrender value of any insurance policy or annuity, bank deposits or business, and securities issued by any government or political subdivision.
Name of Business	
(City, State, Zip Code)	Type of Business
Name of Business	
	Type of Business
(City, State, Zip Code)	
Name of Business	
Address (City, State, Zip Code)	Type of Business
Name of Business	
	Type of Business
Name of Business	
Address (City, State, Zip Code)	Type of Business
fair market value of \$1,000 or more. An "inte beneficial interest (through a trust), option to	<i>idence</i>) in which you hold an interest, if that interest currently has a erest" includes a fee, life estate, joint or common tenancy, leasehold purchase, or mineral or royalty interest. (Attach a list if necessary)
General Description of Property	
General Description of Property	
Nature of Interest Held in the Property	

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10. REAL PROPERTY, Continued	
	/
	/
Nature of Interest Held in the Property	/
11. ASSOCIATION WITH OTHER ENT List each additional entity in whi entities. (Attach a list if necessa	ch you are an OFFICER or DIRECTOR; include both for-profit and not-for-profit
Name of Organization	Office Held
Address	(City, State, Zip Code)
	Office Held
Address	(City, State, Zip Code)
	Office Held
Address	(City, State, Zip Code)
	Office Held
Address	(City, State, Zip Code)
Name of Organization	Office Held
Address	(City, State, Zip Code)

CERTIFICATION

I hereby certify that the foregoing statements are true and correct to the best of my knowledge.		
Signature	Date	

FORM MAY BE REPRODUCED