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FOR OFFICE USE ONLY

Commissioner of Political Practices  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
Phone: 406-444-2942  
Fax : 406-444-1643  
www.politicalpractices.mt.gov

AUG 22 2016

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2016 AUG 22 A 9:42

COMMISSIONER OF  
POLITICAL PRACTICES

HAND DELIVERED

CERTIFIED MAIL

SIGNED/NOTARIZED

Ethics campaign practice *[Signature]*

Complaint Form (10/09)

Type or print in ink all information on this form except for verification signature

Person bringing complaint (Complainant):

Complete Name Douglas L. Kary  
Complete Mailing Address 415 W. Wicks Ln.  
Billings, MT 59105  
Phone Numbers: Work \_\_\_\_\_ Home Cell: 406-698-1478

Person or organization against whom complaint is brought (Respondent):

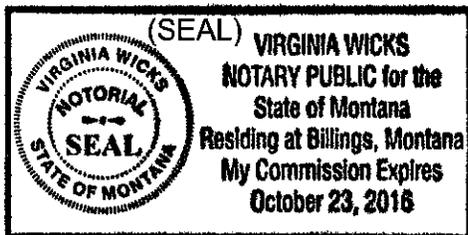
Complete Name Josh L. Daniels  
Complete Mailing Address 1002 Toole Circle  
Billings, MT 59105  
Phone Numbers: Work \_\_\_\_\_ Home 406-212-4422

Please complete the second page of this form  
and describe in detail the facts of the alledged violation.

Verification by oath or affirmation

State of Montana, County of Yellowstone

I, Douglas L. Kary, being duly sworn, state that the information in this  
Complaint is complete, true, and correct, to the best of my knowledge and belief.



Douglas L. Kary  
Signature of Complainant

Subscribed and sworn to before me this 17th day of  
August, 2016.

Virginia Wicks  
Notary Public

My Commission Expires: October 23, 2016

**Statement of facts:**

Describe in detail the alleged violation(s), including pertinent dates, and cite the statute or statutes you believe have been violated. Please attach copies of documentary evidence to support the facts alleged in your statement.

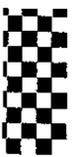
If the space provided below is insufficient, you may attach additional pages as necessary.

Mr Daniels filed his D-1 business disclosure statement and failed to report he was a "grower" of marijuana. This was filed with your office on or around March 10, 2016.

On Mr Daniels C-1-A form he did not disclose either a bank & account information however on the C-5 financial report he shows \$75<sup>00</sup> being received at some point. I believe he is in conflict with CAPP rules.

**Complaints must be:**

- signed
- notarized
- delivered to the Commissioner in person or by certified mail.



THE STATE OF MONTANA

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Date Received and Postmark Date

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COMMISSIONER OF POLITICAL PRACTICES

Form C-1-A (Revised 11/11)
Statement of Candidate

TO BE FILED by CANDIDATE for COUNTY, MUNICIPAL or SCHOOL OFFICE
ORIGINAL FILING [ ] AMENDED FILING [ ]

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

FULL NAME OF CANDIDATE JOSH L DANIELS

COMPLETE DESCRIPTION OF OFFICE SOUGHT HOUSE DISTRICT 43

PARTY AFFILIATION, if any LIBERTARIAN [ ] COUNTY OF RESIDENCE YELLOWSTONE [ ]

COMPLETE MAILING ADDRESS 1002 TOOLE CIRCLE, BILLINGS, MT 59105

(Including City, State, Zip Code)

COMPLETE STREET ADDRESS SAME

(Including City, State, Zip Code)

DANIELS4HD43@HOTMAIL.COM 406-212-4422

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

FULL NAME OF CAMPAIGN TREASURER Josh Daniels

COMPLETE MAILING ADDRESS 1002 Toole Circle Billings MT

(Including City, State, Zip Code)

COMPLETE STREET ADDRESS 1002 Toole Circle Billings MT

(Including City, State, Zip Code)

Daniels 4 HD 43@hotmail.com 406-212-4422

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

FULL NAME OF DEPUTY TREASURER, if any

(Must be registered to vote in Montana)

COMPLETE MAILING ADDRESS

(Including City, State, Zip Code)

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

CAMPAIGN ACCOUNT INFORMATION

FULL NAME OF BANK

COMPLETE ADDRESS

(Including City, State, Zip Code)

AFFIDAVIT OF REPORTING STATUS (Check one) If B or C box is checked, a treasurer and bank must be designated.

A [ ] I certify that I will not receive or expend any funds (including personal funds) in support of my candidacy for above office.

B [X] I certify that I expect the total amount of contributions or expenditures will not exceed \$500 (including personal funds); however, if more than \$500 is received and/or expended, within 5 days of reaching this threshold I will file an initial financial report (form C-5) and I will file additional financial reports according to schedule.

C [ ] I expect to receive contributions and/or make expenditures exceeding \$500 (including personal funds). I will file financial reports (form C-5) according to schedule.

CERTIFICATION: I hereby verify that the foregoing statements are true and correct.

Candidate's Signature [Signature]

Date 3-9-16

Notice: You must follow up with a signed hard copy to CFP