

COMMISSIONER OF
POLITICAL PRACTICES

 COPY



STATE OF MONTANA

DENNIS UNSWORTH
COMMISSIONER
TELEPHONE (406) 444-2942
FAX (406) 444-1643

1205 EIGHTH AVENUE
PO BOX 202401
HELENA, MONTANA 59620-2401
www.politicalpractices.mt.gov

November 6, 2007

Carol Orlean Milton
45 Lake Flat Lane
Great Falls MT 59404

Subject: Your complaint against Sue Ann Williams; November 6, 2007

I have carefully reviewed your complaint and considered the issues you raise. However, to be valid under Montana's rules, a complaint must allege that specific conduct described in the complaint violates a specific statute or rules. Administrative Rules of Montana 44.10.307(2). No statute or rule is cited in the complaint.

An investigation is *not* required if the complaint is indefinite or does not contain sufficient allegations to determine if it states a potential violation of a specific statute or rule. ARM 44.10.307(3)(a).

The complaint filed against Sue Ann Williams is too indefinite. The complaint can be refiled with more specific allegations of misconduct, additional information, and citations of the statutes and rules you believe have been violated.

A handwritten signature in black ink, appearing to read "Dennis Unsworth".

Dennis Unsworth
Commissioner of Political Practices

Copy: Sue Ann Williams
119 Lake Flat Lane
Great Falls MT 59404

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643

Cascade County
ELECTION ADMINISTRATOR

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POLITICAL PRACTICES

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CAMPAIGN FINANCE AND PRACTICES

COMPLAINT FORM (07/01)

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

PERSON BRINGING COMPLAINT (COMPLAINANT):

COMPLETE NAME Carol Delean Milton
COMPLETE MAILING ADDRESS 45 Lake Flate Lane
Great Falls Montana 59404
TELEPHONE NUMBERS: WORK 727-7609 HOME 899-6923

PERSON OR ORGANIZATION AGAINST WHOM COMPLAINT IS BROUGHT (RESPONDENT):

COMPLETE NAME Sue Ann Williams
COMPLETE MAILING ADDRESS 119 Lake Flate Lane
Great Falls Montana 59404
TELEPHONE NUMBERS: WORK 453-9531 HOME 761-1232

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM AND DESCRIBE IN
DETAIL THE FACTS OF THE ALLEGED VIOLATION.

VERIFICATION BY OATH OR AFFIRMATION

STATE OF MONTANA, COUNTY OF Cascade

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

(SEAL)



Carol Milton
Signature of Complainant

Subscribed and sworn to before me this 1 day of
Nov, 2007.

Elly Miller
Notary Public

My Commission Expires:

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CAMPAIGN FINANCE AND PRACTICES
COMPLAINT FORM

STATEMENT OF FACTS:

Describe in detail the alleged violation(s) 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.

Sue Williams Came to my home and asked me to sign This
Petition Telling The Water Board That There has Not been Elections
in years. That we would Like Elections process Reinstated.

I Told Sue Williams That I wanted Board ^{um} Elections members
To be Elected. I Told her I didn't have my reading glasses
with me So show me where To Sign.

She Never said She was Trying To get on The Board

Sue Never said my signing would help put her on The Board.

Sue didn't Tell me The Truth about The paper I signed

I would Never do anything To help Sue get on The Water Board.

I don't want Sue on The ^{um} board

I would like my Name off The petition I signed.

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

COMPLAINTS MUST BE:

- SIGNED
- NOTARIZED
- DELIVERED IN PERSON OR BY CERTIFIED MAIL