

COMMISSIONER OF
POLITICAL PRACTICES



STATE OF MONTANA

JONATHAN R. MOTL
COMMISSIONER
TELEPHONE (406) 444-2942
FAX (406) 444-1643

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

To: The Citizens of Montana
From: Jonathan Motl
Commissioner of Political Practices
Dated: March 25, 2014
Re: *Welch v. Davis*, COPP-2013-CFP-0027

A Decision has been issued that found sufficient facts to demonstrate a campaign practice violation (see above). This is a notice to Montanans that this Office and Mr. Davis have agreed to resolve or "settle" the violation upon Mr. Davis' action in filing a C-2 Statement of Organization for Quiet Skies of Kalispell (attached), along with a payment of a civil fine in the amount of \$100. This Notice memorializes that this Office acknowledges and accepts the public filing and payment of a civil fine (the same having been received) as fully and finally resolving all of the issues set forth in the Decision.

Normally this Office "settles" or resolves Decisions with a settlement agreement signed by both parties. Mr. Davis did not wish to engage in that process and the Commissioner was willing to accommodate Mr. Davis through this Notice.

Sincerely,

A handwritten signature in black ink, appearing to read "J Motl".

Jonathan Motl
Commissioner of Political Practices

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

FOR OFFICE USE ONLY
Date Received and Postmark Date

RECEIVED
2014 FEB 20 A 9:45
COMMISSIONER OF
POLITICAL PRACTICES
POSTMARKED
FEB 18 2014

FORM C-2 (Revised 11/11)
STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One):

- POLITICAL ACTION COMMITTEE
- POLITICAL PARTY COMMITTEE
- BALLOT ISSUE COMMITTEE
- INCIDENTAL COMMITTEE
- OTHER

ORIGINAL FILING AMENDED FILING

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

FULL NAME OF COMMITTEE (Refer to Montana Code Annotated § 13-37-210, Naming and Labeling Statute)

Donald Scott Davis

COMPLETE MAILING ADDRESS 448 5th AVB. W. KAL. MT. 59901
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS 448 5th AVB. W. KAL. MT. 59901
(Including City, State, Zip Code)

Incorporated: (Check one) YES NO

FULL NAME OF COMMITTEE TREASURER Donald Scott Davis

COMPLETE MAILING ADDRESS 448 5th AVB. W. KAL. MT. 59901
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS 448 5th AVB. W. KAL. MT. 59901
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number 406-212-8439 Work Telephone Number _____ Facsimile Number _____

FULL NAME OF DEPUTY TREASURER(S), if any * NONE

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____
* attach list if necessary

COMMITTEE ACCOUNT INFORMATION

FULL NAME OF BANK NONE

COMPLETE ADDRESS _____
(Including City, State, Zip Code)

SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, if any (attach list if necessary)

FULL NAME OF BANK NONE

COMPLETE ADDRESS _____
(Including City, State, Zip Code)

ADDITIONAL OFFICERS (attach list if necessary)

OFFICERS FULL NAME NONE TITLE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____

OFFICERS FULL NAME _____ TITLE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____

PURPOSE OF COMMITTEE and/or	SUPPORT	OPPOSE	DATE OF ELECTION
	opposition to Gaillet ISSUE 5572		X
NAME(S) OF CANDIDATE(S) or BALLOT ISSUE (S)	SUPPORT	OPPOSE	DATE OF ELECTION
	5572		X

CERTIFICATION

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

Officer's Signature  Title Quint Skios Date 02-18-2014

For County, Municipal, or School committees only: Please check this box if contributions/expenditures will not exceed \$500. (If \$500 is exceeded, filing of campaign finance reports will be required.)

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