

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
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Instructions (Revised 11/08)

Form C-118C

Disposition of Surplus Campaign

Funds Statement - Establishing a Constituent Account

Who Is Required To File A Form C-118C?

Following the filing of a closing campaign finance report, all candidates with surplus campaign funds are required to file either a Form C-118 or C-118C, pursuant to Montana Code Annotated § 13-37-240. A candidate that has been elected and has chosen to open a constituent services account must file a Form C-118C.

What Information Is To Be Reported?

Pursuant to 13-37-240, MCA, the candidate shall disclose the establishment of a constituent services account. The Form C-118C shall be accompanied by a copy of the transaction between the campaign account and the constituent account.

When Must A Form C-118C Be Filed?

Within 120 days of filing a closing campaign finance report, a candidate must dispose of surplus campaign funds. Form C-118 must be filed by a candidate within 135 days after a closing report is filed.

Where Must A Form C-118C Be Filed?

- One copy is to be filed with the Commissioner of Political Practices at the address above.
- One copy is to be filed with the Election Administrator of the candidate's resident county.
- One copy is to be retained for the candidate's records.

Commissioner of Political Practices

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

Phone: 406-444-2942

Fax: 406-444-1643

On the web: www.politicalpractices.mt.gov

For office use only:

Date Received and Postmark Date

Form C-118C (Revised 11/08)

Establishing a Constituent Services Account

ORIGINAL FILING AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

Full name _____

Email address _____

Title of public office you were elected to _____

Mailing address _____
(Include City, State, Zip)

Phone numbers: _____
Home or cell phone Work or other phone Facsimile number

Authorized signature (In addition to the elected official - *optional*)

Full name _____

Email address _____

Mailing address _____
(Include City, State, Zip)

Contact numbers: _____
Home or cell phone Work or other phone Facsimile number

Campaign account information

Full name of bank _____

Mailing address _____
(Include City, State, Zip)

Phone number _____ Amount transferred _____

Constituent services account information

Full name of bank _____

Mailing address _____
(Include City, State, Zip)

Phone number _____

Certification: *I hereby certify that the foregoing statements are true and correct.*

Signature _____ Date _____