

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
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FOR OFFICE USE ONLY
Date Received and Postmark Date

Form C-7E (Revised 9/28/09)
Notice of pre-election expenditures
To be filed by political committee

Committee Name _____
Complete Mailing Address _____

(City, State, Zip Code)

TYPE OF COMMITTEE

DATE <i>(Required)</i>	Payee Name and Address <i>(Required)</i>	Purpose	In-Kind Description <i>(if applicable)</i>	Amount	Check	
					P=Primary	G=General
	Name _____ Address _____ City, State, Zip _____				P	G
	Name _____ Address _____ City, State, Zip _____				P	G
	Name _____ Address _____ City, State, Zip _____				P	G

This report **must be signed by an officer** whose name is on the Statement of Organization (Form C-2) on file in our office. If you submit online, a signed hard copy must be mailed as well.

Signature _____

Title _____

Date _____