

THE STATE OF MONTANA

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

**FORM E-1** (Revised 07/17)  
**MULTIPLE PUBLIC EMPLOYMENT  
DISCLOSURE STATEMENT**

TO BE FILED by PUBLIC OFFICERS, LEGISLATORS and PUBLIC EMPLOYEES

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

FULL NAME OF PUBLIC OFFICER, LEGISLATOR, OR PUBLIC EMPLOYEE

\_\_\_\_\_  
Last First M.I.

**E-MAIL ADDRESS** (Please Print)

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
City, State, Zip Code

Telephone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_

MULTIPLE PUBLIC EMPLOYMENT IS (check one)

ON-GOING

OCCASIONAL

**PUBLIC EMPLOYER NUMBER ONE**

\_\_\_\_\_  
Name

**E-MAIL ADDRESS** (Please Print)

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
City, State, Zip Code

Contact Numbers: Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

**DATE(S) EMPLOYED: From** \_\_\_\_\_ **To** \_\_\_\_\_

**TITLE OR DESCRIPTION OF POSITION:** \_\_\_\_\_

**AMOUNT(S) AND METHOD(S) OF PAYMENT:** \_\_\_\_\_

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**PUBLIC EMPLOYER NUMBER TWO**

\_\_\_\_\_  
Name

\_\_\_\_\_  
**E-MAIL ADDRESS** (Please Print)

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
City, State, Zip Code

Contact Numbers: Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

**DATE(S) EMPLOYED: From** \_\_\_\_\_ **To** \_\_\_\_\_

**TITLE OR DESCRIPTION OF POSITION:** \_\_\_\_\_

**AMOUNT(S) AND METHOD(S) OF PAYMENT:** \_\_\_\_\_

**Describe how compliance with the provisions of Montana Code Annotated § 2-2-104(3) will be achieved:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

*I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true, complete and correct.*

\_\_\_\_\_  
Date Signature