

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1209 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov



INSTRUCTIONS (Revised 7/21)

FORM C-2

STATEMENT OF ORGANIZATION

WHO IS REQUIRED TO FILE A FORM C-2?

All joint fundraising committees must file a Form C-2.

WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205 and Administrative Rules of Montana 44.11.201, the following information is required to be reported:

- full name and complete address of the joint fundraising committee;
- full name and complete address of the treasurer and deputy treasurer(s), if any;
- full names, complete addresses, and titles of any additional officers;
- full name and complete address of the location of the joint fundraising committee depository;
- full name(s) and complete address(es) of the location(s) of secondary depository(ies), if any; and
- full list of participants in the joint fundraising committee.

WHEN MUST A FORM C-2 BE FILED?

Form C-2 must be filed within five (5) days after entering into a written agreement that states a formula for the allocation of fundraising proceeds.

WHERE MUST A FORM C-2 BE FILED?

- Reports are to be filed with the Commissioner of Political Practices via e-filing at CERS.
- One copy is to be retained for the committee's records.

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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-2 (Revised 7/21)
STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One):

 Joint Fundraising Committee**ORIGINAL FILING** **AMENDED FILING** **TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE****FULL NAME OF JOINT FUNDRAISING COMMITTEE**COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)Incorporated: (Check one) YES NO**FULL NAME OF TREASURER**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

FULL NAME OF DEPUTY TREASURER(S), if any * _____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**ACCOUNT INFORMATION**

FULL NAME OF BANK _____

COMPLETE ADDRESS _____
(Including City, State, Zip Code)**SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, if any (attach list if necessary)**

FULL NAME OF BANK _____

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

ADDITIONAL OFFICERS (attach list if necessary)

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 _____
.....

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 _____

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

Officer's Signature _____

Title _____

Date and place _____

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