

POSTMARKED

AUG 16 2022

RECEIVED

2022 AUG 18 A 10:08

COMMISSIONER OF
POLITICAL PRACTICES

Jeff Mangan
Commissioner
P. O. box 202401
Helena, MT 59620

August 15, 2022

Mr. Mangan,

Thank you for allowing me the opportunity to respond to this complaint. As the enclosed copies of fax and mail receipts will clearly demonstrate, I have made a good faith effort to comply with Montana's campaign laws and do believe I have met the standards given my situation.

I would like to take this opportunity to again request a waiver from the electronic filing requirements. As my opponent has confirmed for your office in his complaint, I have no phone or internet currently. These circumstances are unique in this day and age and present real difficulties. This situation should not be used to hinder my run for office.

While this is not the time or place to campaign, it is not in anyone's best interests to lose a potential voice at this stage. It would be in everyone's best interests to have a comprehensive debate about the issues facing our county and to let the voters have the final say.



Chris Brozell
P. O. box 253
Lima, MT 59729



RECEIVED
 2022 AUG 18 A 10:09
 COMMISSIONER OF
 POLITICAL PRACTICES

DILLON
 117 S IDAHO ST
 DILLON, MT 59725-9998
 (800)275-8777

07/05/2022 12:52 PM

Product Qty Unit Price

Priority Mail® 2-Day 1 \$8.95

Flat Rate Env
 Helena, MT 59601

Flat Rate
 Expected Delivery Date

Flat 07/08/2022

Packing #: 9510 8107 2048 2186 5858 59

Insurance \$0.00

Signature \$3.45

Signature
 Confir#

Total \$12.40

Grand Total: \$12.40

Cash \$15.40
 Change -\$3.00

 Every household in the U.S. is now
 eligible to receive a third set
 of 8 free test kits.
 Go to www.covidtests.gov

Text your tracking number to 28777 (2USPS)

Send Result Report

MFP

TASKalfa 7353ci

Firmware Version 2XN_S000.002.404 2021.10.21



RS59X00033

07/05/2022 11:40

[2XN_1000.003.101] [2NH_1100.001.002]

Job No.: 021354

Total Time: 0°02'33"

Page: 008

Complete

Document: doc02135420220705113704

State of Montana
 Commissioner of Political practices
 1209 Eighth Avenue
 Helena, MT 59620
 Fax number: 406-444-1643

July 5, 2022

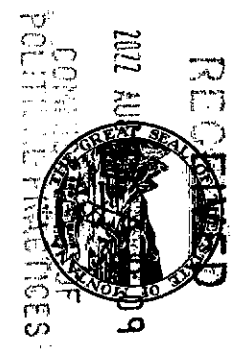
To whom it may concern;

Please accept this fax and additional mail copy of form C-5 sent July 5, 2022. I have had an agonizing time trying to file electronically, and in fact have never been able to access my login credentials even with password resets and the help of your accommodating and very professional staff. I appreciate that

No.	Date/Time	Destination	Times	Type	Result	Resolution/ECM
001	07/05/22 11:37	14064441643	0°02'33"	FAX	OK	200x100 Normal/On

COMMISSIONER OF POLITICAL PRACTICES

1209 Eighth Avenue
 Post Office Box 202401
 Helena, MT 59620-2401
 TELEPHONE: 406-444-2942
 FAX NUMBER: 406-444-1843
 WEBSITE: www.politicalpractices.mt.gov



INSTRUCTIONS (Revised 10/19)
FORM C-5
CANDIDATE CAMPAIGN FINANCE REPORT

WHO IS REQUIRED TO FILE A FORM C-5?

Pursuant to Montana Code Annotated §13-37-225 and 13-37-226, Form C-5 is the candidate campaign finance reporting form and must be filed by all candidates who have filed a C-1 running for statewide or state district office as well as all county, municipal, and school candidates that have designated themselves 'C' box candidates (designating that they will have at least \$500 combined in campaign contributions and expenditures) on the C-1A Statement of Candidate.

WHAT INFORMATION IS TO BE REPORTED?

The information requested on Form C-5 is required in accordance with Montana Code Annotated §13-37-225 and 13-37-226. Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual available on the agency website through the "Campaign Finance Disclosure" link (at <http://politicalpractices.mt.gov/campaignfinance>).

WHEN MUST A FORM C-5 BE FILED?

All candidates follow the same C-5 reporting calendar, which is available on the Reporting Calendars page, <http://politicalpractices.mt.gov/calendars>.

WHERE MUST A FORM C-5 BE FILED?

- As of October 2019, all candidates must file C-5 reports in CERS, the Campaign Electronic Reporting System. The attached C-5 is included only for reference and to provide a visual point-of-reference about the disclosure required in a C-5 form.
- For school trustee candidates, one copy is to be filed with the school clerk.
- One copy is to be retained for the candidate's records.

Please detach these instructions before filing Form C-5

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: 406-444-1843
 WEBSITE: www.politicalpractices.mt.gov

FOR OFFICE USE ONLY
 Date Received and Postmark Date

FORM C-5 (Revised 10/10)
CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING OR AMENDED FILING

REPORTING PERIOD: From April 1, 2022 To June 30, 2022

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

FULL NAME OF CANDIDATE <u>Chris Brozell</u> COMPLETE MAILING ADDRESS (Include City, State, Zip Code) <u>P.O. box 253 Lima, MT 59739</u>	COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required) <u>Sheriff</u>	<input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Periodic Report <input type="checkbox"/> Closing Report <input type="checkbox"/> No transactions in period																			
		<table border="1"> <thead> <tr> <th></th> <th>PRIMARY</th> <th>GENERAL</th> </tr> </thead> <tbody> <tr> <td>1. CASH IN BANK – Balance from previous report.....</td> <td>\$ _____</td> <td>\$ <u>0</u></td> </tr> <tr> <td>2. RECEIPTS – Total received and deposited this period from Schedule A.....</td> <td>\$ _____</td> <td>\$ <u>1500.00</u></td> </tr> <tr> <td>3. CORRECTIONS – Addition or subtraction from Schedule D (Circle: + or -)</td> <td>+ \$ _____</td> <td>+ \$ _____</td> </tr> <tr> <td style="text-align: right;">Subtotal.....</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>4. EXPENDITURES – Total paid out this period from Schedule B.....</td> <td>- \$ _____</td> <td>- \$ <u>966.80</u></td> </tr> <tr> <td>5. CASH IN BANK – Ending balance this report.....</td> <td>\$ _____</td> <td>\$ <u>533.20</u></td> </tr> </tbody> </table>		PRIMARY	GENERAL	1. CASH IN BANK – Balance from previous report.....	\$ _____	\$ <u>0</u>	2. RECEIPTS – Total received and deposited this period from Schedule A.....	\$ _____	\$ <u>1500.00</u>	3. CORRECTIONS – Addition or subtraction from Schedule D (Circle: + or -)	+ \$ _____	+ \$ _____	Subtotal.....	\$ _____	\$ _____	4. EXPENDITURES – Total paid out this period from Schedule B.....	- \$ _____	- \$ <u>966.80</u>	5. CASH IN BANK – Ending balance this report.....
	PRIMARY	GENERAL																			
1. CASH IN BANK – Balance from previous report.....	\$ _____	\$ <u>0</u>																			
2. RECEIPTS – Total received and deposited this period from Schedule A.....	\$ _____	\$ <u>1500.00</u>																			
3. CORRECTIONS – Addition or subtraction from Schedule D (Circle: + or -)	+ \$ _____	+ \$ _____																			
Subtotal.....	\$ _____	\$ _____																			
4. EXPENDITURES – Total paid out this period from Schedule B.....	- \$ _____	- \$ <u>966.80</u>																			
5. CASH IN BANK – Ending balance this report.....	\$ _____	\$ <u>533.20</u>																			

I, Chris Brozell, Candidate, declare under penalty of perjury and under the laws of the state of Montana that the foregoing including all attachments is true, complete and correct, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature [Signature]

NOTE: Report MUST BE SIGNED by the candidate or candidate's treasurer whose name is on the Statement of Candidate form on file in the office of the Commissioner of Political Practices.

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received <i>Required</i>	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
5. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address REQUIRED							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
Registered Name _____ Address _____ City, State, Zip Code _____							
TOTAL RECEIPTS THIS PAGE			0		0		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period	Date Received <i>Required</i>	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
1. Candidate's Personal Contributions	4-1-22		1500.00				
2. Contributions Less Than \$35 Each							
3. Loans Creditor's full name/complete mailing address REQUIRED	Occupation & Employer REQUIRED	Loan Date Required					
Occupation _____ Employer _____							
Occupation _____ Employer _____							
Occupation _____ Employer _____							
4. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)	Date Required						
TOTAL RECEIPTS THIS PAGE			1500.00		0		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)							
9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____						
TOTAL RECEIPTS THIS PAGE			0		0		
TOTAL RECEIPTS THIS REPORTING PERIOD <i>Include ALL of Schedule A (Sections 1 - 9) in this total</i>			0		0		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)								
6. Political Party Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		Date <i>Required</i>	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
			PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name _____ Address _____ City, State, Zip Code _____								
Name _____ Address _____ City, State, Zip Code _____								
Name _____ Address _____ City, State, Zip Code _____								
7. Incidental Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		<i>Date Required</i>						
Name _____ Address _____ City, State, Zip Code _____								
8. Other Political Committee Contributions <i>Full name & complete mailing address REQUIRED</i>		<i>Date Required</i>						
Name _____ Address _____ City, State, Zip Code _____								
TOTAL RECEIPTS THIS PAGE				0		0		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
Dillon Tribune P.O. box 911 Dillon, MT 59725	Citizen survey Published	5-16-22		541.00
Womacks Printing Place/Dillonite 26 N. Montana Dillon, MT 59725	Citizen survey Published / Printed	5-13-22		425.00
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH				966.00
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedules B (Sections 1 & 2) in this total				966.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor REQUIRED	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.			
Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction
5-19-22	B	\$541.00 is \$541.00 Dillon Tribune	Misplaced receipts found
5-19-22	B	\$500.00 is \$425.00 Womacks Printing Press/Dillonite	Misplaced receipts found

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COMMISSIONER OF POLITICAL PRACTICES
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COMMISSIONER OF
 POLITICAL PRACTICES

FOR OFFICE USE ONLY
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FORM C-5 (Revised 10/10)

CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING OR AMENDED FILING

REPORTING PERIOD: From _____ To _____

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

<p><u>Chris Braeell</u> FULL NAME OF CANDIDATE</p> <p><u>P.O. box 253</u> COMPLETE MAILING ADDRESS (Include City, State, Zip Code) <u>Limq, MT 59739</u></p>	<p>COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required)</p> <p><u>Sheriff</u></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Initial Report</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Periodic Report</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Closing Report</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No transactions in period</td> </tr> </table>	<input type="checkbox"/>	Initial Report	<input checked="" type="checkbox"/>	Periodic Report	<input type="checkbox"/>	Closing Report	<input type="checkbox"/>	No transactions in period
<input type="checkbox"/>	Initial Report									
<input checked="" type="checkbox"/>	Periodic Report									
<input type="checkbox"/>	Closing Report									
<input type="checkbox"/>	No transactions in period									
<p>CASH SUMMARY: MONEY RECEIVED AND SPENT</p> <p>1. CASH IN BANK – Balance from previous report.....</p> <p>2. RECEIPTS – Total received and deposited this period from Schedule A.....</p> <p>3. CORRECTIONS – Addition or subtraction from Schedule D (Circle: + or -)</p> <p style="text-align: right;"><i>Subtotal</i>.....</p> <p>4. EXPENDITURES – Total paid out this period from Schedule B.....</p> <p>5. CASH IN BANK – Ending balance this report.....</p>	<p style="text-align: center;">PRIMARY</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ _____</p> <p>-- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">GENERAL</p> <p>\$ <u>533.20</u></p> <p>\$ <u>0</u></p> <p>+ _____</p> <p>-- \$ <u>0</u></p> <p>\$ _____</p> <p>-- \$ <u>35.24</u></p> <p>\$ <u>497.96</u></p>								

CERTIFICATION

I, Chris Braeell, Candidate, declare under penalty of perjury and under the laws of the state of Montana that the foregoing including all attachments is true, complete and correct, in accordance with Montana Code Annotated, Title 13, chapter 37.

[Signature]
 Signature

NOTE: Report **MUST BE SIGNED** by the candidate or candidate's treasurer whose name is on the Statement of Candidate form on file in the office of the Commissioner of Political Practices.

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received <i>Required</i>	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
5. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address REQUIRED							
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
_____ Registered Name _____ Address _____ City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE			0		0		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
6. Political Party Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date Required						
_____ Name _____ Address _____ City, State, Zip Code							
_____ Name _____ Address _____ City, State, Zip Code							
_____ Name _____ Address _____ City, State, Zip Code							
7. Incidental Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date Required						
_____ Name _____ Address _____ City, State, Zip Code							
8. Other Political Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date Required						
_____ Name _____ Address _____ City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE			0		0		

SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer						
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer						
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer						
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer						
_____ Name _____ Address _____ City, State, Zip Code	_____ Occupation _____ Employer						
TOTAL RECEIPTS THIS PAGE			0		0		
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total			0		0		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)	Fax Charges + Postage	7-5-19/2022		35.24
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				35.24
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				35.24

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <i>REQUIRED</i>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED