

Commissioner of Political Practices
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
Phone: 406-444-2942
Fax : 406-444-1643
www.politicalpractices.mt.gov

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COMMISSIONER OF
POLITICAL PRACTICES

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CERTIFIED MAIL

SIGNED/NOTARIZED

Campaign Finance and Practices

Complaint Form (10/09)

Type or print in ink all information on this form except for verification signature

Person bringing complaint (Complainant):

Complete Name Timothy Adams
Complete Mailing Address 6104 E Shadow Dr
Bozeman, MT 59715
Phone Numbers: Work 406-586-5431 Home 406-570-1305

Person or organization against whom complaint is brought (Respondent):

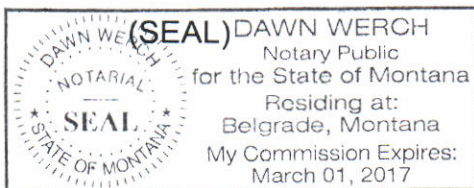
Complete Name Steve Bullock/Diane Sands/Franke Wilmer/Steve Fugate
Complete Mailing Address POB 1330/4487 Nicole Ct/329 N Hunter's Way/346 Glenhaven Dr
Helena MT59620/Missoula MT59803/Bozeman MT59715/Blngs 59105
Phone Numbers: Work N/A Home Unknown

Please complete the second page of this form and describe in detail the facts of the alleged violation.

Verification by oath or affirmation

State of Montana, County of Gallatin

I, Timothy Adams, being duly sworn, state that the information in this Complaint is complete, true, and correct, to the best of my knowledge and belief.



[Signature]
Signature of Complainant

Subscribed and sworn to before me this 21 day of September, 2015.

[Signature]
Notary Public

My Commission Expires: March 1, 2017

Statement of facts: *Attached*

Describe in detail the alleged violation(s) and cite the statute or statutes you believe have been violated. Please attach copies of documentary evidence to support the facts alleged in your statement.

If the space provided below is insufficient, you may attach additional pages as necessary.

Complaints must be:

- signed
- notarized
- delivered in person or by certified mail.

Timothy Adams
6104 E Shadow Dr
Bozeman, MT 59715
406-570-1305

Commissioner Jonathan Motl
Commissioner of Political Practices
1209 8th Ave
P.O. Box 202401
Helena, MT 59620-2401

September 21, 2015

Dear Commissioner Motl,

I am writing to lodge a formal complaint against the following people/entities:

Governor Steve Bullock
PO Box 1330
Helena, MT 59620

Franke Wilmer / Franke Wilmer for SD 32
3489 S. 29th Avenue/ 329 N. Hunter's Way
Bozeman, MT 59718/ 59716

Steve Fugate / Steve Fugate for Montana Senate
346 Glenhaven Drive
Billings, MT 59105

Diane Sands / Diane Sands for State Senate
4487 Nicole Court
Missoula, MT 59803

Per Montana Code Annotated (§13-37-420) and ARM 44.10.335 there are very specific provisions concerning surplus campaign funds and their disposal. Per my reading of these rules and code, candidates must dispose of all surplus campaign funds within 120 days of satisfying all debts and obligations of their campaigns, and they must do so either through the creation of a constituent services account, return of funds to donors (if not violating personal benefit provision), or liquidation to an entity specified in ARM 44.10.335 6(c)(ii).

Montana Code is also very clear in prohibitions on disposal of surplus campaign funds. "In disposing of the surplus funds, a candidate **may not** contribute the funds to another campaign, or use the funds for personal benefit." (MCA §13-37-240)

I believe that the above entities have violated this prohibition by contributing to Governor Bullock's re-election campaign. The parties here include some very experienced, high level politicians who should be very familiar with the law and what it does and doesn't allow, especially when it is spelled out so clearly. None of the

Candidate Campaign Finance Report (C-5)

Candidate Information

Date Filed: 02/05/2014
 D1 Received Date: 02/05/2014
 C118 Received Date:

Original Filing for: 11/25/2014 - 06/29/2015
 Report Type: Closing
 Receive and File Date: 06/29/2015
 Report Status: Filed

Wilmer, Franke
 329 N. Hunters Way, Bozeman, MT 59716

Election Year: 2014

Resident County: Gallatin
 (406) 599-3639
 frankewilmer1@gmail.com

Office Sought: Senate District No. 32
 Political Party: Democrat

Candidate Type: State District
 Candidate Status: Closed

Treasurer:
 Quatraro, Vito
 5205 Eclipse Dr. Bozeman, MT 59715

Bank Information:
 Us Bank
 104 E. Main St. Bozeman, MT 59715

Summary Report

Cash Summary: Money Received and Spent		Primary	General
1. Cash in Bank - Balance from previous report		\$0.00	\$973.11
2. Receipts - Total Received and deposited this period	+	\$0.00	\$0.00
	Subtotal	\$0.00	\$973.11
3. Expenditures - Total paid out this period	-	\$0.00	\$836.44
4. Cash in Bank - Ending Balance this report		\$0.00	\$136.67

Candidate Contributions

Election	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Loans

Entity	Occupation/ Employer	Election	Date	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Fundraisers

Entity	Election	Purpose	Date	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Committee Contributions

Entity	Committee Type	Election	Date	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Individual Contributors (Total Contributions < \$35: \$0.00) (Primary Contributions < \$35: \$0.00) (General Contributions < \$35: \$0.00)

Entity	Occupation/ Employer	Election	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Expenditures: Petty Cash

Election	Purpose	Date	Amount
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Expenditures: Other

Entity	Election	Purpose	Date	Amount
Carol's List PO Box 1447, Helena, MT 59624	General	Donation	06/08/2015	\$136.44
Friends of Steve Bullock PO Box 1330, Helena, MT 59624	General	Donation	06/08/2015	\$200.00
Israel/Palestine Center for Research and Information C/O Arnold Baskin, 12675 Coral Lakes Drive, Boynton Beach, FL 33437	General	Donation	04/15/2015	\$500.00

Debts

Entity	Election	Type	Purpose	Date	Debt Amount	Balance Due
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Payments Only

Entity	Type	Debt Amount	Date	Paid Amount	Balance Due
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Candidate Campaign Finance Report (C-5)

Candidate Information

Date Filed: 02/24/2014
 D1 Received Date: 02/24/2014
 C118 Received Date:

Original Filing for: 11/01/2014 - 11/19/2014
 Report Type: Closing
 Receive and File Date: 11/19/2014
 Report Status: Filed

Fugate, Steven P
 346 Glenhaven Dr., Billings, MT 59105

Election Year: 2014

Resident County: Yellowstone
 (406) 694-3350
 sfugate_59105@yahoo.com

Office Sought: Senate District No. 22
 Political Party: Democrat

Candidate Type: State District
 Candidate Status: Closed

Treasurer:
 Fugate, Amy M
 346 Glenhaven Dr. Billings, MT 59105

Bank Information:
 First Interstate Bank
 730 Main St. Billings, MT 59105

Summary Report

Cash Summary: Money Received and Spent	Primary	General
1. Cash in Bank - Balance from previous report	\$0.00	\$4,017.75
2. Receipts - Total Received and deposited this period	+	\$0.00
	Subtotal	\$4,017.75
3. Expenditures - Total paid out this period	-	\$4,017.75
4. Cash in Bank - Ending Balance this report	\$0.00	\$0.00

Candidate Contributions

Election	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Loans

Entity	Occupation/ Employer	Election	Date	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Fundraisers

Entity	Election	Purpose	Date	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Committee Contributions

Entity	Committee Type	Election	Date	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Individual Contributors (Total Contributions < \$35: \$0.00) (Primary Contributions < \$35: \$0.00) (General Contributions < \$35: \$0.00)

Entity	Occupation/ Employer	Election	Description	In-Kind	Value	Cash/Check Amount	Total to Date
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Expenditures: Petty Cash

Election	Purpose	Date	Amount
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Expenditures: Other

Entity	Election	Purpose	Date	Amount
Montana Democratic Legislative Campaign P.O. Box 802, Helena, MT 59624	General	Donation	11/11/2014	\$1,700.00
Montana School for the Deaf and Blind Foundation PO Box 6576 , Great Falls, MT 59406	General	Donation	11/11/2014	\$1,000.00
Northwest Association for Blind Athletes PO Box 65265, Vancouver , WA 98665	General	Donation	11/19/2014	\$1,028.10
The Directory 3106 W Broadway, Missoula, MT 59808	General	MAILERS AND SHIPPING FEES	11/03/2014	\$289.65

Debts

Entity	Election	Type	Purpose	Date	Debt Amount	Balance Due
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Payments Only

Entity	Type	Debt Amount	Date	Paid Amount	Balance Due
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THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

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FORM C-5 (Revised 08/08)
CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING OR AMENDED FILING

REPORTING PERIOD: From 11/19/2014 To 3/10/2015

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

DIANE SKNOS
FULL NAME OF CANDIDATE
4487 Newkirk Court
COMPLETE MAILING ADDRESS
(Include City, State, Zip Code) Missoula MT 59803

CASH SUMMARY: MONEY RECEIVED AND SPENT

- CASH IN BANK - Balance from previous report.....
- RECEIPTS - Total received and deposited this period from Schedule A.....
- CORRECTIONS - Addition or subtraction from Schedule D (Circle: + or -)
 - Subtotal.....
- EXPENDITURES - Total paid out this period from Schedule B.....
- CASH IN BANK - Ending balance this report.....

<input type="checkbox"/>	Initial Report
<input checked="" type="checkbox"/>	Periodic Report
<input type="checkbox"/>	Closing Report
<input type="checkbox"/>	No transactions in period

GENERAL	PRIMARY
\$ 1997.85	\$
\$ 0	\$
+ \$ 0	+
-- \$ 1997.85	-- \$
\$ 1670.80	-- \$
\$ 327.85	\$

CERTIFICATION

I, Diane Sknos, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Diane Sknos
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.

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Date Received and Postmark Date

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C-5 (page 2)

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

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C-5 (page 3)

SCHEDULE A. Receipts -- This Reporting Period (continued)	Date Received <i>Required</i>	In-Kind Description & Value PRIMARY GENERAL	Cash or Check Amount PRIMARY GENERAL	Total to Date Amount PRIMARY GENERAL
5. Political Action Committee Contributions Committee's full registered name 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

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

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SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of \$35 or More

REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION
Full name, complete mailing address, occupation, & employer

Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____		In-Kind Description & Value PRIMARY GENERAL	Cash or Check Amount PRIMARY GENERAL	Total to Date Amount PRIMARY GENERAL
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____		0	0	0
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	0
TOTAL RECEIPTS THIS REPORTING PERIOD <small>Include ALL of Schedule A (Sections 1 - 9) in this total</small>				0	0	0

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Page 1
CS (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	Amount	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)	2. All Other Expenditures				
Name <u>MT Conservative Voters</u> Address <u>Bellings, MT 59101</u> City, State, Zip Code		Donation	3/1/2015	\$100	
Name <u>Bullock for Montana</u> Address <u>PO Box 1330</u> City, State, Zip Code <u>Helena, MT 59624</u>		Dangier Printers	3/1/2015	\$100	
Name <u>Planned Parenthood of Montana</u> Address <u>Bellings, MT</u> City, State, Zip Code <u>59101</u>		Donation	3/5/2015	\$850	
Name <u>MT Democratic Party</u> Address <u>Helena, MT 59624</u> City, State, Zip Code		M & M Diner - clubs	3/6/2015	\$120	
Name <u>Carol's List</u> Address <u>PO Box 1447</u> City, State, Zip Code <u>Helena, MT 59624</u>		Donation	3/8/2015	\$250	
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				\$620	
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total					

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SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	Amount	
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)	2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED			PRIMARY	GENERAL
	Name <u>Carol's best</u> Address <u>PO Box 1447</u> City, State, Zip Code <u>Proctor, VT 55824</u>	Donation	2/10/2015		\$250
	Name <u>Emilys list</u> Address _____ City, State, Zip Code _____ <u>Washington, DC</u>	Donation	3/1/2015		\$100
	Name <u>ACLU of VT</u> Address _____ City, State, Zip Code _____	Donation	3/1/2015		\$100
	Name <u>Historical Museum of Fort Missoula</u> Address <u>Fort Missoula Rd</u> City, State, Zip Code <u>Missoula, MT 59803</u>	Donation	3/1/2015		\$50
	Name <u>Missoula Aging Services</u> Address <u>Missoula, MT 59802</u> City, State, Zip Code _____	Donation	3/1/2015		\$100
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					\$1050
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total					1670

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