

THE STATE OF MONTANA

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

HAND DELIVERED

FOR OFFICE USE ONLY

HAND DELIVERED

CERTIFIED MAIL

SIGNED/NOTARIZED

Please see Below

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

John Vincent

Complete Mailing Address

680 Low Bench Road

Gallatin Gateway MT 59730

Phone Numbers:

Work

Home

406 763-3010

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

Complete Name

John Vincent

Complete Mailing Address

680 Low Bench Road

Gallatin Gateway, MT 59730

Phone Numbers:

Work

Home

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 Lewis & Clark

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



KAREN J MUSGRAVE
NOTARY PUBLIC for the
State of Montana
Residing at Helena, Montana
My Commission Expires
February 8, 2015

John Vincent
Signature of Complainant

Subscribed and sworn to before me this 5 day of February, 2013.

Karen J Musgrave
Notary Public

My Commission Expires:

Please notify if Verification by oath or affirmation is needed given nature of complaint

Statement of facts:

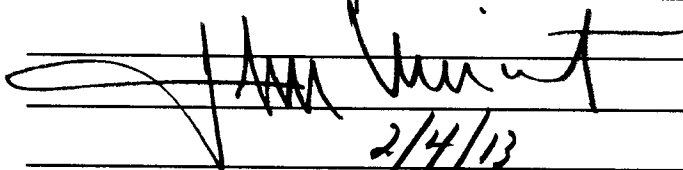
Describe in detail the alleged violation(s) and cite the statute or statutes you believe have been violated. Please attach copies of documentary evidence to support the facts alleged in your statement.

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

Violation of 13-37-225 and/or 13-37-226

I indicated in emails to the Commissioners Office the reasons for my failure to file the required Periodic Report (attached) on the required date. I offered that testimony as explanations, not excuses. If they can be taken into account as mitigating factors, I would appreciate that consideration, while still being held fully accountable under the law.

Sincerely,


2/4/13

Complaints must be:

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

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

FOR OFFICE USE ONLY
Date Received and Postmark Date

HAND DELIVERED

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

ORIGINAL FILING

OR

AMENDED FILING

REPORTING PERIOD: From 10-25-12 To Feb 1/13

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

<p><i>John Vincent</i> FULL NAME OF CANDIDATE</p> <p><i>680 How Bench Road</i> COMPLETE MAILING ADDRESS (Include City, State, Zip Code) <i>Gallatin Gateway, Mt</i></p>	<p>COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required) <i>Montana Public Service Commission, District 3</i></p>	<p><input type="checkbox"/> Initial Report <input checked="" type="checkbox"/> Periodic Report <input type="checkbox"/> Closing Report <input type="checkbox"/> No transactions in period</p>
<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;">Subtotal.....</p> <p>4. EXPENDITURES – Total paid out this period from Schedule B.....</p> <p>5. CASH IN BANK – Ending balance this report..... <i>JOHN VINCENT</i></p>	<p>PRIMARY</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ _____</p> <p>-- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>	<p>GENERAL</p> <p>\$ <i>2,107.30</i></p> <p>\$ <i>1,260.00</i></p> <p>+ _____</p> <p>-- \$ _____</p> <p>\$ _____</p> <p>-- \$ <i>3,302.75</i></p> <p>\$ <i>64.55</i></p>

[Signature] Name _____ Title *Candidate*, 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.

[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.

TYPE OR PRINT CLEARLY IN INK

None This Reporting Period

SCHEDULE A. Receipts – This Reporting Period		In-Kind Description & Value PRIMARY GENERAL	Cash or Check Amount		Total to Date Amount	
			PRIMARY	GENERAL	PRIMARY	GENERAL
1. Candidate's Personal Contributions						100 ⁰⁰
2. Contributions Less Than \$35 Each						290 ⁰⁰
3. Loans Creditor's full name/complete mailing address <u>REQUIRED</u>	Occupation & Employer <u>REQUIRED</u>	Loan Date <u>Required</u>				
	Occupation _____ Employer _____					
	Occupation _____ Employer _____					
	Occupation _____ Employer _____					
4. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date <u>Required</u>				
TOTAL RECEIPTS THIS PAGE						

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

None This Reporting Period

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							

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

None This Reporting Period

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 <i>Required</i>						
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 <i>Required</i>						
Name _____ Address _____ City, State, Zip Code _____							
8. Other Political Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
Name _____ Address _____ City, State, Zip Code _____							
TOTAL RECEIPTS THIS PAGE							

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 <u>Kate Ord</u> Address <u>1610 Center Creech Road</u> City, State, Zip Code <u>Dillon, MT 59725</u>		Occupation <u>Executive</u> Employer <u>Great Harvest, Inc.</u>					100 ⁰⁰
Name <u>Moses Pullman</u> Address <u>2599 Glen Green</u> City, State, Zip Code <u>Hollywood, CA 90068</u>		Occupation <u>Student</u> Employer _____					160 ⁰⁰
Name <u>Jack Pullman</u> Address <u>2599 Glen Green</u> City, State, Zip Code <u>Hollywood, CA 90068</u>		Occupation <u>Student</u> Employer _____					160 ⁰⁰
Name <u>Lewis Pullman</u> Address <u>2599 Glen Green</u> City, State, Zip Code <u>Hollywood, CA 90068</u>		Occupation <u>Student</u> Employer _____					160 ⁰⁰
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____					
TOTAL RECEIPTS THIS PAGE							580 ⁰⁰
TOTAL RECEIPTS THIS REPORTING PERIOD <i>Include ALL of Schedule A (Sections 1 - 9) in this total</i>							1,260

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:</i> ONE NAME ONLY FOR EACH CONTRIBUTION 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 <u>Gail Gullik</u> Address <u>1124 Billings Ave</u> City, State, Zip Code <u>Helena MT 59620</u>		Occupation <u>State Employee</u> Employer <u>State of MT</u>					160 ⁰⁰
Name <u>Bill Pullman</u> Address <u>2599 Glen Green</u> City, State, Zip Code <u>Hollywood, CA 90668</u>		Occupation <u>Actor</u> Employer <u>Self Employed</u>					160 ⁰⁰
Name <u>Tamara Pullman</u> Address <u>2599 Glen Green</u> City, State, Zip Code <u>Hollywood, CA 90668</u>		Occupation <u>Homemaker</u> Employer _____					160 ⁰⁰
Name <u>Burton Williams</u> Address <u>PO Box 600</u> City, State, Zip Code <u>Fishtail, MT 59029</u>		Occupation <u>Retired</u> Employer _____					100 ⁰⁰
Name <u>Kent Ord</u> Address <u>1600 Carter Circle Rd.</u> City, State, Zip Code <u>Dillon, MT, 59725</u>		Occupation <u>Professor</u> Employer <u>U of M Western</u>					100 ⁰⁰
TOTAL RECEIPTS THIS PAGE						680	
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total						1,260	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				0
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
Name <u>Three Forks Herald</u> Address <u>P.O. Box 586</u> City, State, Zip Code <u>Three Forks MT 59752</u>	<u>Advertisements</u>	<u>11/29</u>		<u>168.⁰⁰</u> 0
Name <u>McCayler County News</u> Address <u>P.O. Box 349</u> City, State, Zip Code <u>White Sulphur Springs MT 59645</u>	<u>Advertisements</u>	<u>8/31</u>		<u>100.⁰⁰</u> 123 ⁷⁸
Name <u>Stillwater County News</u> Address <u>P.O. Box 659</u> City, State, Zip Code <u>Columbus, MT 59019</u>	<u>Advertisements</u>	<u>12/1</u>		<u>200</u> 523, ⁷¹
Name <u>Townsend Star</u> Address <u>314 Broadway</u> City, State, Zip Code <u>Townsend, MT 59644</u>	<u>Advertisements</u>	<u>9/30</u>		<u>117.⁰⁰</u> 0
Name <u>Madisonian</u> Address <u>P.O. Box 365</u> City, State, Zip Code <u>Ennis, MT 59729</u>	<u>Advertisements</u>	<u>12/27</u>		<u>200.⁰⁰</u> 553 ⁰⁰
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				<u>785.⁰⁰</u>
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) In this total				<u>3,302.⁷⁵</u>

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 <u>REQUIRED</u>				
Name <u>Butte Weekly</u> Address <u>32 S main St. Ste A</u> City, State, Zip Code <u>Butte, MT 59701</u>	Advertising	12/21		200. ⁰⁰
Name <u>Montana Senior News</u> Address <u>P.O. Box 3363</u> City, State, Zip Code <u>Great Falls, MT 59403</u>	Advertising	11/21		404. ⁰⁰
Name <u>White Hall Lodge</u> Address <u>15 W. Legion</u> City, State, Zip Code <u>Whitehall, MT 59759</u>	Advertising	10/12		520. ⁰⁰
Name <u>Times Clarion</u> Address <u>P.O. Box 302</u> City, State, Zip Code <u>Harlowton, MT 59036</u>	Advertising	11/22		193. ⁷⁵
Name <u>Roundup Record Tribune</u> Address <u>P.O. Box 350</u> City, State, Zip Code <u>Roundup, MT 59072</u>	Advertising	11/10		100. ⁰⁰
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				1,417.75
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				3,302.75

430.⁰⁰

0

0

0

134.⁰⁰

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

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 <u>REQUIRED</u>				
Name <u>KBZK Television</u> Address <u>90 Television Way</u> City, State, Zip Code <u>Bozeman MT 59715</u>	<u>Advertisement</u>	<u>11/1</u>		<u>1,100⁰⁰</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 _____				
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				<u>1,100⁰⁰</u>
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				<u>3,302.75</u>

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 <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
John Vincent Name 680 Low Bench Road Address Gallatin Gateway, MT 59730 City, State, Zip Code	Advertising Newspaper	10/15/12		2,560 ³⁶
John Vincent Name 680 Low Bench Road Address Gallatin Gateway, MT 59730 City, State, Zip Code	Advertising Newspaper	4/6/12 4/13/12 5/18/12	8,552 ³³	
John Vincent Name 680 Low Bench Road Address Gallatin Gateway, MT 59730 City, State, Zip Code	Advertising Newspaper	10/12/12	520 ⁰⁰	

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u> .			
Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

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 <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
John Vincent Name 680 Low Bench Road Address Gallatin Gateway, MT 59730 City, State, Zip Code	Advertising Newspaper	5/25/12	\$350 ⁰⁰	
Butte Weekly Name 32 S. Main Street Address Butte, MT 59701 City, State, Zip Code	Advertising	10/30		430 ⁰⁰
Roundup Record Tribune Name P.O. Box 350 Address Roundup, MT 59730 City, State, Zip Code	Advertising	10/31		134 ⁰⁰

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report.</u>			
Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

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 <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
Madisonian Name P.O. Box 365 Address Ennis, MT 59729 City, State, Zip Code	Advertising	9/29		553 ⁰⁰
Still Water County News Name P.O. Box 659 Address Columbus, MT 59019 City, State, Zip Code	Advertising	10/31		523.71
Meagher County News Name P.O. Box 349 Address White Sulphur Springs MT. City, State, Zip Code 59645	Advertising	10/31		123.78

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u> .			
Originally Reported on DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction

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 <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
<i>Pit Printers</i> Name <u>425 E. Front St.</u> Address <u>Butte, mt 59701</u> City, State, Zip Code	<i>Signs</i>	<i>11/1/12</i>		<i>1,905⁰⁰</i>
<i>Billing's Times</i> Name <u>2915 Montane Ave</u> Address <u>Billings, mt. 59101</u> City, State, Zip Code	<i>Signs</i>			<i>765⁰⁰</i>
Name _____ Address _____ City, State, Zip Code _____				

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report.</u>			
Originally Reported on DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

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

POSTMARKED

FEB 22 2013

FOR OFFICE USE ONLY

STATE OF MONTANA
COMMISSIONER OF
POLITICAL PRACTICES
23 FEB 23 A 9:14

HAND DELIVERED

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 MARILYN HENRY
Complete Mailing Address 1024 O'CONNELL
BOZEMAN, MT 59715
Phone Numbers: Work 406-599-5166 Home 406-599-5166

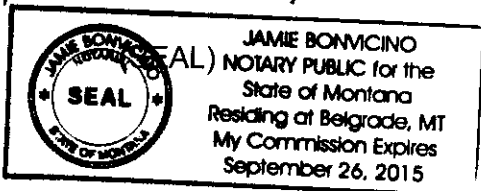
Person or organization against whom complaint is brought (Respondent):

Complete Name JOHN VINCENT
Complete Mailing Address 680 LOW BENCH ROAD
FALL STIN GATEWAY MT 59730
Phone Numbers: Work 406-763-3010 Home 406-763-3010

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

State of Montana, County of Gallatin

[Signature], 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 22 day of February, 2013.

[Signature]
Notary Public

My Commission Expires:

Statement of facts:

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.

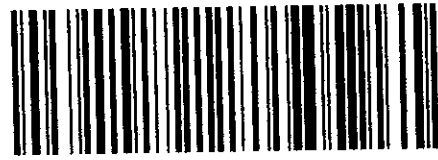
John Vincent, candidate for Public Service Commission, District 3, has failed to file his final (C-5) Campaign finance report, due Nov-26-2012 in violation of Montana Code Annotated 13-37-226 (3) (b) which requires the PSC candidates file with the Commissioners "not more than 20 days after the date of the election." As of the date of this complaint, ~~he~~ he is over eleven weeks late in providing this public disclosure. Mr. Vincent has held public office for 37 years & thus is no excuse for this negligence. Mr. Vincent should be forced to produce a full & complete report as required by Montana Code Annotated 13-37-225

Complaints must be:

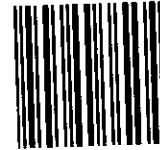
- signed
- notarized
- delivered in person or by certified mail.

CERTIFIED MAIL™

HEWRY
1024 O'Connell
Bozeman MT 59



7012 2210 0000 3850 8748



1000

59620

U.S. POSTAGE
PAID
BOZEMAN, MT
59715
FEB 22, 13
AMOUNT

\$3.56

00057649-08

Commissioner of Public Prayers
1205 Eighth Avenue
Helena MT 59620-2401

