

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 Beach Road**Gallatin Gateway, MT 59730*

Phone Numbers: Work

406 763-3010

Home

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

Complete Name

John Vincent

Complete Mailing Address

*680 Low Beach Road**Gallatin Gateway, MT 59730*

Phone Numbers: Work

406 763-3010

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

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 5 day of
February, 2013.*Karen Musgrave*
Notary Public

My Commission Expires:



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

Statement of facts:

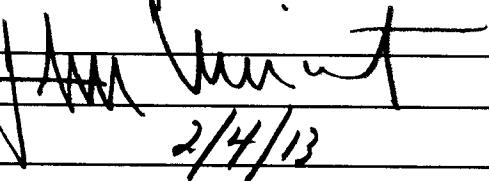
Describe in detail the alleged violation(s) and cite the statute or statutes you believe have been violated. Please attach copies of documentary evidence to support the facts alleged in your statement.

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 [REDACTED] 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


Alan Mint

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

| | | |
|---|---|---|
| <i>John Vincent</i> | COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required) <i>Montana Public Service Commission, District 3</i> | <input type="checkbox"/> Initial Report <input checked="" type="checkbox"/> Periodic Report <input type="checkbox"/> Closing Report <input type="checkbox"/> No transactions in period |
| FULL NAME OF CANDIDATE <i>John Vincent</i> | COMPLETE MAILING ADDRESS (Include City, State, Zip Code) <i>680 Low Beach Road Gallatin Gateway, Mt</i> | |
| CASH SUMMARY: MONEY RECEIVED AND SPENT | | GENERAL |
| 1. CASH IN BANK – Balance from previous report..... 2. RECEIPTS – Total received and deposited this period from Schedule A..... 3. CORRECTIONS – Addition or subtraction from Schedule D (Circle: + or --) | | \$ <i>2,107.30</i> \$ <i>1,260.00</i> + -- \$ <i>3,302.75</i> \$ <i>64.55</i> |
| 4. EXPENDITURES – Total paid out this period from Schedule B..... 5. CASH IN BANK – Ending balance this report..... <i>John Vincent</i> | | PRIMARY \$ <i> </i> \$ <i> </i> + -- \$ <i> </i> \$ <i> </i> -- \$ <i> </i> \$ <i> </i> |
| Subtotal \$ <i> </i> -- \$ <i> </i> \$ <i> </i> | | |

CERTIFICATION

I, *John Vincent*, *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.

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

C-5 (page 2)

| SCHEDULE A. Receipts – This Reporting Period | | | In-Kind Description & Value | | Cash or Check Amount | | Total to Date Amount | |
|--|---|---------------------------------|--------------------------------|---------|-------------------------|---------|-------------------------|-------------------|
| | | | PRIMARY | GENERAL | 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> | | | | | | |
| | | | | | | | | |
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| TOTAL RECEIPTS THIS PAGE | | | | | | | | |

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

None This Reporting Period

C-5 (page 3)

| SCHEDULE A. Receipts – This Reporting Period (continued) | Date Received <u>Required</u> | 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 full registered name and complete mailing address <u>REQUIRED</u> | | | | | | | |
| 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 | | | | | | | |

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

None This Reporting Period

C-5 (page 4)

| SCHEDULE A. Receipts – This Reporting Period (continued) | <u>Date Received</u> | 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 REQUIRED | <u>Date Required</u> | | | | | | |
| 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 REQUIRED | <u>Date Required</u> | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| City, State, Zip Code | | | | | | | |
| 8. Other Political Committee Contributions Full name & complete mailing address REQUIRED | <u>Date Required</u> | | | | | | |
| 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 <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer | In-Kind Description & Value PRIMARY GENERAL | Cash or Check Amount | | Total to Date Amount | |
|---|---|-------------------------|---------|-------------------------|-------------------------|
| | | PRIMARY | GENERAL | PRIMARY | GENERAL |
| Kate Ord Name <u>1610 Carter Creek Road</u> Address <u>Dillon, MT 59725</u> City, State, Zip Code | Executive Occupation <u>Great Harvest, Inc.</u> Employer | | | | <u>.00</u> |
| Mosca Pullman Name <u>2599 Glen Green</u> Address <u>Hollywood, CA 90068</u> City, State, Zip Code | Student Occupation Employer | | | | <u>160⁰⁰</u> |
| Jack Pullman Name <u>2599 Glen Green</u> Address <u>Hollywood, CA</u> City, State, Zip Code <u>90068</u> | Student Occupation Employer | | | | <u>160⁰⁰</u> |
| Lewis Pullman Name <u>2599 Glen Green</u> Address <u>Hollywood, CA 90068</u> City, State, Zip Code | Student Occupation Employer | | | | <u>160⁰⁰</u> |
| Name Address City, State, Zip Code | Occupation Employer | | | | |
| TOTAL RECEIPTS THIS PAGE | | | | | <u>580⁰⁰</u> |
| TOTAL RECEIPTS THIS REPORTING PERIOD <u>Include ALL of Schedule A (Sections 1 - 9) in this total</u> | | | | | <u>1,260</u> |

SCHEDULE A. Receipts – This Reporting Period (continued)

| 9. Individual Contributors of \$35 or More <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer | In-Kind Description & Value PRIMARY GENERAL | Cash or Check Amount | | Total to Date Amount | |
|---|---|-------------------------|---------|-------------------------|-------------------------|
| | | PRIMARY | GENERAL | PRIMARY | GENERAL |
| Geil Gallik Name <u>1124 Billings Ave</u> Address <u>Helena mt 59620</u> City, State, Zip Code | <u>State Employee</u> Occupation <u>State of MT</u> Employer | | | | <u>160⁰⁰</u> |
| Bill Pullman Name <u>2599 Glen Green</u> Address <u>Hollywood, CA 90668</u> City, State, Zip Code | <u>Actor</u> Occupation <u>Self Employed</u> Employer | | | | <u>160⁰⁰</u> |
| Tamara Pullman Name <u>2599 Glen Green</u> Address <u>Hollywood, CA 90668</u> City, State, Zip Code | <u>Homemaker</u> Occupation Employer | | | | <u>160⁰⁰</u> |
| Burton Williams Name <u>PO Box 600</u> Address <u>Foothill mt 59028</u> City, State, Zip Code | <u>Retired</u> Occupation Employer | | | | <u>100⁰⁰</u> |
| Kent Ord Name <u>1600 Carter Creek Rd.</u> Address <u>Dillon, MT. 59725</u> City, State, Zip Code | <u>Professor</u> Occupation <u>UVM Western</u> Employer | | | | <u>100⁰⁰</u> |
| TOTAL RECEIPTS THIS PAGE | | | | | <u>680</u> |
| TOTAL RECEIPTS THIS REPORTING PERIOD <u>Include ALL of Schedule A (Sections 1 - 9) in this total</u> | | | | | <u>1,260</u> |

| 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>Three Forks Herald</u> Address <u>P.O. Box 586</u> City, State, Zip Code <u>Three Forks, MT 59752</u> | Advertising | 11/29 | | 168.00 |
| Name <u>Meagher County News</u> Address <u>P.O. Box 349</u> City, State, Zip Code <u>White Sulpher Springs MT 59645</u> | Advertising | 8/31 | | 100.00 |
| Name <u>Stillwater County News</u> Address <u>P.O. Box 659</u> City, State, Zip Code <u>Columbus, MT 59019</u> | Advertising | 12/1 | | 200 |
| Name <u>Townsend Star</u> Address <u>314 Broadway</u> City, State, Zip Code <u>Townsend, MT 59644</u> | Advertising | 9/30 | | 117.00 |
| Name <u>Madisonian</u> Address <u>P.O. Box 365</u> City, State, Zip Code <u>Ennis, MT 59729</u> | Advertising | 12/27 | | 200.00 |
| TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH | | | | 785.00 |
| TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) In this total | | | | 3,302.75 |

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 | 450.00 |
| 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 | 0 |
| Name <u>White Hall Ledger</u> Address <u>15 W. Legion</u> City, State, Zip Code <u>Whitehall, MT 59759</u> | Advertising | 10/12 | 520.00 | 0 |
| Name <u>Times Clarion</u> Address <u>P.O. Box 302</u> City, State, Zip Code <u>Hartington, MT 59036</u> | Advertising | 11/22 | 193.75 | 0 |
| 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 | 134.00 |
| 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 | |

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>KBZK Television</u> Address <u>90 Television Way</u> City, State, Zip Code <u>Bozeman MT 59715</u> | Advertising | 11/1 | | 1,100 ⁰⁰ |
| 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 | | | | 1,100 ⁰⁰ |
| TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total | | | | 3,302.75 |
| 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 I 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 corrections to receipts, contributions, and expenditures reported on a prior report.

| Originally Reported on DATE | SCHEDULE | As Originally Reported | Explain Correction |
|--------------------------------|----------|------------------------|--------------------|
| | | | |
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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 Beach 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 corrections to receipts, contributions, and expenditures reported on a prior report.

| Originally Reported on DATE | SCHEDULE | As Originally Reported | Explain Correction |
|--------------------------------|----------|------------------------|--------------------|
| | | | |
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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 |
| Stillwater 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 Sulpher Springs, MT 59645 City, State, Zip Code | Advertising | 10/31 | | 123.78 |

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 |
|--------------------------------|----------|------------------------|--------------------|
| | | | |
| | | | |
| | | | |

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 |
| P.F. Printers Name 425 E. Front St. Address Butte, Mt 59701 City, State, Zip Code | Sign's | 11/1/12 | | 1,905 ⁰⁰ |
| Billings Timer Name 2919 Montana Ave Address Billings, Mt. 59101 City, State, Zip Code | Sign's | | | 765 ⁰⁰ |
| 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 |
|--------------------------------|----------|------------------------|--------------------|
| | | | |
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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

2013-23 A: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 HENDRY

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

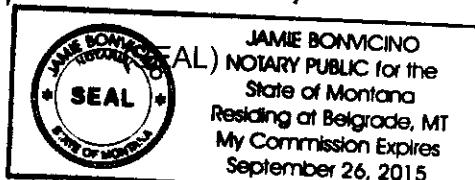
Complete Mailing Address 680 LOW BENCH ROAD
FALL STIN GATEWAY MT 59780

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 Bozeman

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



Signature of Complainant

Subscribed and sworn to before me this 22 day of
February, 2013.

Bevin
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.

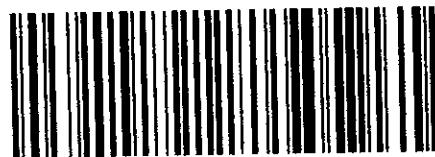
John Vincent, candidate for Public Service Commission, District 3, has failed to file his final (C-5) Campaign Finance Report, due Nov. 26-2012 in violation of Montana Code Annotated 13-37-226 (3)(b) which requires the PSC Candidates file with the Commissioners "not more than 20 days after the date of 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 & this 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™

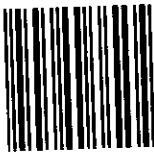
HENRY
1024 O'Conell
Bozeman MT 59715



7012 2210 0000 3850 8748



1000



59620

U.S. POSTAGE
PAID
BOZEMAN, MT
59715
FEB 22, 13
AMOUNT
\$3.56
00057649-08

Commissioners of Public Records
1205 Eighth Avenue
Helena MT 59620-2401

