

Commissioner of Political Practices  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
Phone: 406-444-2942  
Fax : 406-444-1643  
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COMMISSIONER OF  
POLITICAL PRACTICES

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### 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 Jason Maxwell  
Complete Mailing Address 4232 Hermione Lane  
Missoula, MT 59808  
Phone Numbers: Work 406.370.5792 Home \_\_\_\_\_

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

Complete Name KC York, 103 S 9th Street, Suite 106, Hamilton, MT 59840  
Complete Mailing Address Trap Free Montana Public Lands, P.O. Box 1347, Hamilton, MT 59840  
Office of Montana COPP, P.O. Box 202401, Helena, MT 59620-2401  
Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_

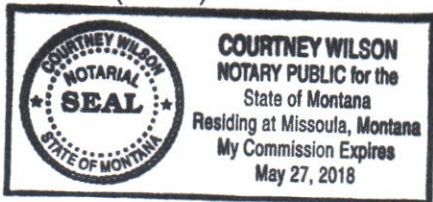
*Please complete the second page of this form and describe in detail the facts of the alledged violation.*

#### Verification by oath or affirmation

State of Montana, County of Missoula

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

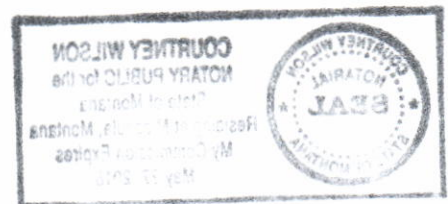
Jason L. Maxwell  
Signature of Complainant



Subscribed and sworn to before me this 5th day of November, 2015.

Courtney Wilson  
Notary Public

My Commission Expires: May 27, 2018



**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.

*See attached Complaint*

**Complaints must be:**

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

**COMPLAINT AGAINST KC YORK, PERSONALLY, AND TRAP FREE MONTANA  
PUBLIC LANDS, A BALLOT INITIATIVE COMMITTEE**

This Complaint is filed by:

Jason Maxwell  
4232 Hermione Lane  
Missoula, MT 59808  
406.370.5792

This Complaint is filed against:

KC York, a resident of Bitterroot County, Montana (personally)  
103 S 9th Street, Suite 106  
Hamilton, MT 59840

Trap Free Montana Public Lands, a ballot initiative committee  
P.O. Box 1347  
Hamilton, MT 59840

The Office of the Montana Commissioner of Political Practices  
1205 Eighth Avenue  
P.O. Box 202401  
Helena, MT 59620-2401

**OPERATIVE FACTS**

1. The Montana Commissioner of Political Practices Office is a state agency, which such agency is tasked with overseeing election and campaign activities.
2. Employees of the Office of the Commissioner of Political Practices are public employees.
3. KC York is a resident of Bitterroot County, Montana.
4. KC York works for Ravalli County Early Head Start, Inc. See, Exhibit "1."
5. Ravalli Early Head Start is located in Hamilton, Montana. See, Exhibit "2."
6. As of October 30, 2015, KC York is listed on the REHS Staff Directory as a "home visitor."
7. Ravalli Early Head Start is a federally funded program. See, Exhibit "3."
8. Ravalli Early Head Start is a private non-profit community action agency.
9. Non-profit entities are expressly prohibited by law from engaging in political campaigns or being involved in political activities.

10. Upon information and belief, KC York's salary is paid by the taxpayer. However, the undersigned is unable to confirm this as Ravalli County Early Head Start refused to answer this question when asked.
11. In addition to being a public employee, KC York is also the Deputy Treasurer for Trap Free Montana Public Lands.
12. Trap Free Montana Public Lands is a 2015-16 ballot initiative committee registered with the State of Montana, by and through the Montana Commissioner of Political Practices.
13. Trap Free Montana Public Lands' mission is to ban private trapping in Montana.
14. KC York was previously the Executive Director of Footloose Montana, an anti-trapping organization.
15. KC York was also the deputy treasurer of Trap Free Montana Public Lands when it was a ballot initiative committee registered with the State of Montana during the 2013-14 election period.
16. On September 24, 2015, in her capacity as Deputy Treasurer, KC York filed a Form C-6 campaign finance report on behalf of the political committee Trap Free Montana Public Lands. A copy of that filing is attached as Exhibit "4."
17. As clearly evidenced on the face of the Form C-6 filing, the Form was faxed from the fax machine of the Ravalli Early Head Start Program.
18. The fax number of the Ravalli Early Head Start Program is 406-363-7287, the same number as is listed on the September 24, 2015 C-6 filed by York on behalf of Trap Free Montana Public Lands.
19. **Incredibly, the last page of the York/Trap Free Montana Public Lands filing contains a personal note from KC York to COPP employee Mary Baker requesting that Baker take affirmative action to black out and alter the proof that the filing was faxed from the offices of Ravalli Early Head Start using the equipment of Ravalli Early Head Start.**
20. This filing was not the first time that KC York and the Trap Free Montana Public Lands used the resources of Ravalli Early Head Start to conduct political activity using public resources.
21. Attached hereto is a Form C-6 filing of Trap Free Montana Public Lands dated June 10, 2014 in which the fax number and location from which the document was faxed is purposely blacked out. See, Exhibit "5."
22. What is remarkable about this particular filing is that someone inside the Commissioner of Political Practices office purposely blacked out the fax origination number and location after the document was sent to the COPP office. In doing so, this person purposefully altered a public record.
23. In addition, attached hereto as Exhibit "6" is a Form C-6 of Trap Free Public Lands filed May 12, 2014. This document was signed and submitted by KC York. Similar to the June 10, 2014 document, this document has been altered to black out the fax number and location from which the document was faxed.
24. What is more, attached hereto as Exhibit "7" is a Form C-6 of Trap Free Public Lands filed by Trap Free Public Lands filed April 6, 2015. Again, this document was

- signed and submitted by KC York as Deputy Treasurer. And, again, the fax number and the source from which the fax was sent have been purposefully blacked out.
25. Further, the March 10, 2014 filing, which is attached hereto as Exhibit "8", has received the same blackout treatment.
  26. In addition, as shown on the attached Exhibit "9", the May 29, 2014 Form C-6 filing received the same blackout/alternation treatment.
  27. As did the July 7, 2014 filing, attached as Exhibit "10." Interestingly, on this form, the initials "MB" are denoted as the initials of the state employee who received the faxed document.
  28. Unlike the previous filings just referenced, the February 11, 2015 filing of Trap Free Public Lands and KC York, attached hereto as Exhibit "11", clearly denotes the filing was sent from the fax machine and number of Ravalli Early Head Start.
  29. This pattern of faxing filings from the Ravalli Early Head Start programs is further evidenced by all the filings attached as Exhibit "12."

## **VIOLATIONS OF LAW**

### **A. Unlawful Use of Public Resources for Political Purposes**

30. As noted, Ravalli Early Head Start is a not-for-profit corporation.
31. Ravalli Early Head Start is funded by the federal government using taxpayer dollars.
32. Political campaigns in Montana are prohibited from using public time, facilities, equipment, supplies, personnel or funds for any campaign activity.
33. Here, as clearly evidenced on the face of the Trap Free Public Lands C-6 filings, that ballot initiative committee unlawfully used public time, equipment, supplies and funds to advance their campaign.
34. KC York, personally, and Trap Free Public Lands has clearly violated several provisions of Montana law and federal law which prohibit using public time, resources, and dollars to fund political activities.
35. Further, KC York has likely violated the federal Hatch Act, which prohibits persons from using federal resources for political activities.
36. The actions of KC York and Trap Free Public Lands have clearly violated the public trust.
37. Further, the actions of York in requesting that Baker alter and obfuscate public forms calls into question the integrity of the Office of the Commissioner of Political Practices, an office that is required by law to be neutral on matters of elections and campaigns.
38. As outlined above, this request by York to alter the face of the C-6 forms filed by York is consistent with past practices by someone within the COPP office to blackout, and thereby alter, public information contained on the face of York's public filings.

## **B. Failure to Report In-Kind Contributions – MCA Section**

39. As demonstrated on the face of the various ballot committee finance reports filed by KC York and Trap Free Public Lands, the Ravalli Early Head Start Program's fax machine and phone line were used to file the campaign finance reports of the Trap Free Montana Public Lands ballot committee.
40. It is apparent that the fax machine and the phone line used to file the ballot committee reports were paid for by public funds and were owned by Ravalli Early Head Start Program, a not-for-profit corporation.
41. The fax machine and phone line were used to file the ballot committee reports and, thus, their use constitute expenses incurred by Ravalli Early Start to support a statewide ballot committee. ARM 44.10.531.
42. As a result, the expenses, because they were provided free of charge to Trap Free Montana Public Lands, became in-kind contributions to the Ballot Committee.
43. As such, those in-kind contributions and their amounts had to be reported on the relevant Trap Free Montana Public Lands C-6 reports. See, MCA Section 13-1-101.
44. A review of the C-6 filings for Trap Free Montana Public Lands for both 2014 and 2015 do not identify any contribution or contribution amounts from the Ravalli Early Head Start program.
45. As KC York used the Ravalli Early Head Start program resources in both 2014 and 2015 to file the ballot committee reports, every Trap Free Montana Public Lands C-6 report filed in both those years is in violation of Montana's ballot committee finance reporting laws because those reports fail to identify the in-kind contribution(s) of Ravalli Early Head Start.

## **C. Failure to Fully Identify Contributors – MCA Section 13-37-229**

46. Montana law requires full disclosure of contributors to ballot committees.
47. Such disclosure requires the identification of the name and address of the contributing party.
48. As outlined above, by allowing KC York to use its fax machine, phone line and other taxpayer-funded resources to engage in political activities supporting the ballot initiatives to ban trapping in Montana, the Ravalli Early Head Start program became a contributor to Trap Free Montana Public Lands.
49. As demonstrated on the face of every Trap Free Montana Public Lands filing made in 2014 and in 2015, the Ravalli Early Head Start program is not identified and/or disclosed as a campaign contributor.
50. The failure to identify Ravalli Early Head Start as a contributor on any C-6 filed by Trap Free Montana Public Lands has resulted in multiple violations of law over a two year period. This violation of law also requires Trap Free Montana Public Lands to file amended campaign finance reports.

**D. Complaint Against the Office of the Montana Commissioner of Political Practices—  
Tampering with Public Records and Information, MCA 45-7-208**

51. MCA Section 45-7-208 makes it a crime for a person to tamper with or alter a public record.
52. This crime is a felony, subjecting the person to up to 10 years in prison or a fine of up to \$50,000, or both.
53. This crime is committed when a person either:
  - a. alters any public record or document to be received by, kept by, or maintained by a government agency for information or record or required by law to be kept for information of the government; and
  - b. purposely destroys, conceals, removes or otherwise impairs the verity or availability of a record, document, or thing.
54. As this statute is applied in the present instance, a person or persons within the Office of the Commissioner of Political Practices has violated this criminal law.
55. As outlined above, and as clearly evidenced on the face of the C-6 forms filed by KC York on behalf of Trap Free Montana Public Lands, someone at the COPP office purposefully and knowingly blacked out the fact that the faxes were sent from the Ravalli Early Head Start Program offices using the Head Start Program's fax machine and phone number.
56. Further, as clearly evidenced on the face of the Form C-6, someone at the COPP office purposefully and knowingly also blacked out the fax number from which the faxed C-6 forms were faxed to the COPP.
57. The fact that the source of the origin of the fax and the fax number from which the reports were faxed were blacked out on numerous forms over a period of years indicates that the actions in blacking out the identifying information was intentional and knowing. In taking the action of blacking out the source of the fax, the person who took the action knowingly altered a public record, and did so to hide the actions of KC York and the Trap Free Montana Public Lands Ballot Committee in using public funds for campaign purposes.
58. There is little doubt that the Form C-6 filings of the Trap Free Montana Public Lands Ballot Committee are public information and records. *See*, MCA 13-37-231, 13-37-225.
59. There is little doubt that the Form C-6 filings are government information required by law by the agency to be kept, maintained, and made available for public review. *See*, MCA 13-37-225-226.
60. In addition, the action taken to black out the ballot committee's C-6 filings on multiple occasions appears to have been intentionally done for the purpose of concealing the verity of public records and documents.
61. Such action was taken to conceal the fact that KC York was using the fax machine and phone line of the Ravalli Early Head Start for political purposes.
62. This is evidenced by the fact that the last sheet of the September 24, 2015 C-6 filing made by KC York on behalf of the Trap Free Montana Public Lands Ballot



Committee specifically directs Mary Baker, a COPP employee, to black out the fact that the fax originated from the Ravalli Early Head Start program offices.

63. As such, it appears that Mary Baker, a state employee, had, over time and at the direction of KC York, purposefully and knowingly altered and tampered with multiple public records required to be kept by the Commissioner of Political Practices in order to conceal the fact that public resources were being to promote a ballot initiative—namely a ballot initiative to ban trapping in Montana.
64. What is particularly troubling about the present situation is that the current Commissioner of Political Practices, Jon Motl, represented as part of his private legal practice Footloose Montana, an organization dedicated to ending public lands trapping in Montana.
65. KC York was formerly the Executive Director of Motl's client Footloose Montana.
66. This past legal and political campaign relationship between York and Motl is troubling in light of the COPP's actions at issue herein, in which the COPP was masking information on behalf of York and an anti-trapping ballot committee.

**E. Complaint Against the Office of the Montana Commissioner of Political Practices – Official Misconduct, MCA Section 13-35-204**

67. MCA Section 13-35-204 provides that a person is guilty of official misconduct when a person who is involved in administering elections laws in this state knowingly acts in contravention or violation of any provision of the election laws.
68. Montana's election laws require the "full disclosure and reporting of the sources and disposition of funds used . . . to support candidates, political committees, or issues . . ." (Section 1, Chapter 480, Laws of 1975.) In short, the people of Montana have determined that they have an absolute right to know who is behind efforts to influence elections, how much money is being spent on those efforts, and where the money comes from. In the Matter of the Complaint Against Western Tradition AND Partnership and Coalition for Energy and the Environment (COPP, 2010).
69. Here, the COPP office is directly tasked with administering a portion of Montana's election laws, namely that portion of the laws dealing with campaign practices, such as the public reporting of all contributions in expenditures in support of ballot initiatives. See, COPP Mission Statement, attached hereto as Exhibit "13."
70. As outlined above, someone inside the COPP's office, the very office that has a duty to execute faithfully Montana's election laws, knowingly altered election-related documents to block out information related to election-related contributions and expenditures. Such action clearly constitutes official misconduct under MCA Section 13-35-204.
71. Such action is a clear breach of the public trust under MCA Section 2-2-103.

**DEMAND FOR RECUSAL OF JONATHAN MOTL  
PURSUANT TO MCA SECTION 13-37-111(4)**

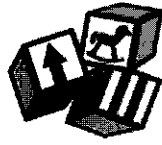
72. MCA Section 13-37-108(6) specifically prohibits Jonathan Motl, as Commissioner of Political Practices, from working on any matter that results either in a conflict of interest or an appearance of conflict of interest.
73. Here, Mr. Motl is clearly conflicted as to the content and subject of this Complaint.
74. This Complaint involves allegations of wrongdoing by his office and his staff.
75. Further, as noted, KC York was formerly an officer in an organization, Footloose Montana, which was a legal client of Mr. Motl during his time as a partner in the Reynolds, Motl and Sherwood law firm. *See*, Exhibit "14" hereto. The relationship between York and Motl clearly raises conflict of interest issues, which such issues require that Motl be recused from any consideration of this Complaint or its contents.
76. Therefore, the undersigned demands pursuant to MCA Section 13-37-111(4) that Motl and his entire staff recuse themselves from investigating, acting on or otherwise being involved in the resolution of this Complaint.
77. This matter must be referred to the Office of the Montana Attorney General for disposition.



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## REHS Staff Directory

### Ravalli Early Head Start

103 S 9<sup>th</sup> St, Ste 106  
Hamilton, MT 59840  
(406) 363-7412 (phone)  
(406) 363-7287 (fax)

### Education and Disabilities Manager

Extension 202

### Enrollment Specialist

Extension 222

### Health and Nutrition Coordinator

Extension 204

### Home Visitor

Marlaina Thiel  
Extension 206

### Home Visitor

Rebecca Kallin  
Extension 207

### Home Visitor

Te Ata Headly  
Extension 208

### Home Visitor

KC York

### Our Programs

- > Ravalli Early Head Start
- > Missoula Early Head Start
- > Ravalli Head Start

### Opportunities

- > Employment
- > Volunteer
- > Donate

### Helpful Information

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- > Resources
- > Facebook

Extension 209

**Administrative Assistant**

Extension 200

**Center 1**

**Snuggle Bunnies**

Extension 216

**Center 2**

**Cuddle Bugs**

Extension 217



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Serving children and families so they succeed in school and life.

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Missoula Early Head Start

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## Contact

### Ravalli Early Head Start

(for children newborn up to age 3 in Ravalli County)

103 South 9th Street, Suite 106

Hamilton, MT 59840

Phone: (406) 363-7412

Fax: (406) 363-7287

Email: [rehs@ravalliheadstart.org](mailto:rehs@ravalliheadstart.org)

### Missoula Early Head Start

(for children newborn up to age 3 in Missoula County)

2121 39th Street

Missoula, MT 59803

Phone: (406) 251-9410

Fax: (406) 251-9403

Email: [mehs@ravalliheadstart.org](mailto:mehs@ravalliheadstart.org)

### Ravalli Head Start

(for children age 3 and 4 in Ravalli County)

81 Kurtz Lane

Hamilton, MT 59840

Phone: (406) 363-1217

Fax: (406) 363-1627

Email: [rhs@ravalliheadstart.org](mailto:rhs@ravalliheadstart.org)

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Missoula Early Head Start

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Ravalli Head Start

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Documents

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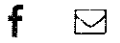
Ravalli Head Start  
81 Kurtz Ln  
Hamilton, MT 59840  
(406) 363-1217

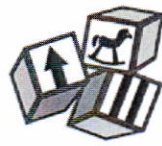
Missoula Early Head Start  
2121 39th St  
Missoula, MT 59803  
(406) 251-9410

Ravalli Early Head Start  
103 S 9th St Ste 106  
Hamilton, MT 59840  
(406) 363-7412

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## No Cost Early Childhood Programs for Children Age 0 – 5



### Ravalli Early Head Start

**For children infant up to age 3.**

Click here to learn more about Ravalli Head Start, classroom options, eligibility requirements, how to apply, and more.



### Missoula Early Head Start

**For children infant up to age 3.**

Click here to learn more about Ravalli Head Start, classroom options, eligibility requirements, how to apply, and more.



### Ravalli Head Start

**For preschool children ages 3 & 4.**

Click here to learn more about Ravalli Head Start, classroom options, eligibility requirements, how to apply, and more.

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**R**avalli Head Start is a federally funded program provided at NO COST to low income families living in Ravalli and Missoula Counties. The preschool program is comprehensive and

Head Start is designed to develop the special strengths and meet the needs of each child and his/her family. Ravalli Head Start, Inc. provides:

- Parenting classes and early

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[Board of Directors](#)



[Policy Council](#)

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serves 3- and 4-year-old children. The program provides four hour classes, four days a week from mid-September through May in Hamilton and Stevensville. Limited bus service may be available. Early Head Start in Hamilton and Missoula is also managed by Ravalli Head Start, Inc. Early Head Start is available for qualifying families with children up to age three, and pregnant women.

- literacy support.
- Links to community resources.
- Family goal-setting and support.
- Disability, wellness and mental health services.
- Nutritious breakfasts and lunches.
- Child health, nutrition and dental education.

+ Our Programs  
+  
Helpful Resources

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## Get Involved with Ravalli Head Start, Inc.

Learn about employment, volunteer opportunities, and ways you can donate to RHS.

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Serving children and families so they succeed in school and life.  
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Missoula Early Head Start

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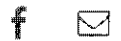
Ravalli Head Start  
81 Kurtz Ln  
Hamilton, MT 59840  
(406) 363-1217

Missoula Early Head Start  
2121 39th St  
Missoula, MT 59803  
(406) 251-9410

Ravalli Early Head Start  
103 S 9th St Ste 106  
Hamilton, MT 59840  
(406) 363-7412

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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

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

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

Trap Free Montana Public Lands  
FULL REGISTERED NAME OF COMMITTEE  
PO Box 1347 Hamilton MT 59840  
COMPLETE MAILING ADDRESS  
(Include City, State, Zip Code)

REPORTING PERIOD  
From April 6, 2015  
To Sept 5, 2015

Initial Report   
Periodic Report   
Closing Report   
No transactions in period

FOR OFFICE USE ONLY  
Date Received and Postmark Date

RECEIVED

2015 SEP 25 A 8:46

COMMISSIONER OF  
POLITICAL PRACTICES

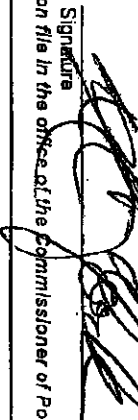
CASH SUMMARY: MONEY RECEIVED AND SPENT

- 1. CASH IN BANK - Balance from previous report..... \$ 829.34
- 2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 193.00
- 3. CORRECTIONS - Addition or subtraction from Schedule D..... + \$ 285.09  
(Circle + or -)  
Subtotal ..... \$ 1307.43
- 4. EXPENDITURES - Total paid out this period from Schedule B..... - \$ 139.14
- 5. CASH IN BANK - Ending balance this report..... \$ 1168.29

CERTIFICATION

I, KC York Deputy Treasurer, 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 an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

Signature 



TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

**SCHEDULE A.**  
**Receipts -- This Reporting Period (continued)**

**4. Political Action Committee Contributions**  
 Committee's full registered name and complete mailing address **REQUIRED**

Date Received <i>Required</i>	Description In-Kind Value	Cash or Check Amount	Total to Date Amount
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

<b>SCHEDULE A</b> <b>Receipts – This Reporting Period (continued)</b>		<b>Date Received</b>	<b>Description</b>	<b>In-Kind Value</b>	<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
Name _____ Address _____ City, State, Zip Code _____						
<b>TOTAL RECEIPTS THIS PAGE</b>						

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period (continued)</b>		In-Kind Description      Value	Cash or Check Amount	Total to Date Amount
<b>8. Corporate Contributions (PAC's &amp; Ballot Issues Only)</b> Full name and mailing address <b>REQUIRED</b> for <u>Independent Expenditures Only!</u>	Date Received Required			
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 _____				
<b>TOTAL RECEIPTS THIS PAGE</b>				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 5)

SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation &amp; employer</i>		Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
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 _____				
<b>TOTAL RECEIPTS THIS PAGE</b>					
<b>TOTAL RECEIPTS THIS REPORTING PERIOD</b> Include ALL of Schedule A (Sections 1 - 9) in this total				193.00	

TOTAL RECEIPTS THIS REPORTING PERIOD  
Include ALL of Schedule A (Sections 1 - 9) in this total

193.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED



TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY Amount	GENERAL Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)					
2. All Other Expenditures Full name and complete mailing address of each payee <b>REQUIRED</b>					
Pure Talk Name _____ Address _____ City, State, Zip Code _____		Cell phone monthly charge	5/3/15, 6/4/15, 7/8/15, 8/3/15, 9/3/15		50.00
USPS Name _____ Address _____ City, State, Zip Code _____		Post Office Box	6/29/15		82.00
Paypal Name _____ Address _____ City, State, Zip Code _____		Transaction Fees	4/19/15-5/31/15		7.14
_____ Name _____ Address _____ City, State, Zip Code _____					
_____ Name _____ Address _____ City, State, Zip Code _____					
_____ Name _____ Address _____ City, State, Zip Code _____					
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					139.14

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

<b>SCHEDULE B.</b> <b>Expenditures – This Reporting Period</b>		Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL Amount
<b>3. Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>						
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 _____						
Name _____ Address _____ City, State, Zip Code _____						
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					0	
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1 - 3) in this total						139.14

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

<b>SCHEDULE B.</b> <b>Expenditures – This Reporting Period</b>  <b>4. Corporate and Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>	Purpose	Candidate/ Issue	Date	PRIMARY Amount	GENERAL
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 _____					
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>				0	139.14
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1-4) in this total					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 8)

**SCHEDULE C. Debts and Loans Not Yet Paid**

Full name and complete mailing address of each creditor <b>REQUIRED</b>		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.**

DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction
1/16/14	C-6 1/1/14-3/5/14	Missed deposit	cost to open bank account +100. Later repaid as an ex
3/10/14	C-6 3/5/14-4/5/14	Missed deposit	Paypal refund +1.95
4/2/14	C-6 3/5/14-4/5/14	Missed expense	Facebook boost -14.95

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-5 (page 8)

T F M P L  
G 6 w t ( 2 )

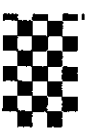
**SCHEDULE C. Debts and Loans Not Yet Paid**

Full name and complete mailing address of each creditor <b>REQUIRED</b>		Purpose	Date Incurred	Balance Due PRIMARY	Balance Due 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.**

DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction
4/4/14	C6 3/5/14-4/5/14 Sch B	missed expense	Cell phone -10.00
5/27/14	C6 5/25/14-6/5/14 Sch	missed contribution	Lisa Robertson, retired, +100.00
5/26/14	C6 5/25/14-6/5/14 Sch	missed credit	Paypal refund +17.55

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TYPE OR PRINT CLEARLY IN INK

C-6 (page 8)

FMPL  
Court (3)

**SCHEDULE C. Debts and Loans Not Yet Paid**

Full name and complete mailing address of each creditor <b>REQUIRED</b>		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 SCHEDULE DATE	As Originally Reported	Explain Correction
1/2/29/14	missed contribution	Jeff Tisman occupation unknown, +100
3/2/15	missed expense	Facebook charge -9.59
4/6/15	Cash in bank reported as 829.34	mathematical error should be 829.47. + .13

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED



6.11.14 ✓

**FOR OFFICE USE ONLY**  
 Date Received and Postmark Date  
**RECEIVED**  
 2014 JUN 10 P 4: 51  
 COMMISSIONER OF  
 POLITICAL PRACTICES

*123*  
*6/10/14*

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

**REPORTING PERIOD**  
 From May 25, 2014  
 To June 5, 2014

Trap Free Montana Public Lands  
 FULL REGISTERED NAME OF COMMITTEE  
 PO Box 1347 Hamilton MT 59840  
 COMPLETE MAILING ADDRESS  
*(include City, State, Zip Code)*

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

ORIGINAL FILING  AMENDED FILING

**FORM C-6 (Revised 04/08)**  
**POLITICAL COMMITTEE FINANCE REPORT**

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](http://www.politicalpractices.mt.gov)

**CASH SUMMARY: MONEY RECEIVED AND SPENT**

- CASH IN BANK - Balance from previous report..... \$ 3397.03 ✓
- RECEIPTS - Total received and deposited this period from Schedule A..... \$ 2225.00 ✓
- CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$ 5622.03  
 Subtotal ..... \$ 117.27 ✓
- EXPENDITURES - Total paid out this period from Schedule B..... \$ 5504.76 ✓
- CASH IN BANK - Ending balance this report..... \$ 5504.76 ✓

**CERTIFICATION**

I, KC York, Deputy Treasurer, 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 18, chapter 37.

*[Signature]*  
 Signature  
 NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.





C-6 (page 3)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts - This Reporting Period (continued)	Date Received <i>Required</i>	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's <u>full registered name</u> 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					
<b>TOTAL RECEIPTS THIS PAGE</b>					/

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 4)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 3)

TYPE OR PRINT CLEARLY IN INK

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period (continued)</b>	<b>Date Received</b> <i>Required</i>	<b>In-Kind</b> Description      Value	<b>Cash or Check</b> Amount	<b>Total to Date</b> Amount
<b>8. Corporate Contributions (PAC's &amp; Ballot Issues Only)</b> Full name and mailing address <u>REQUIRED</u> <i>for Independent Expenditures Only</i>				
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 _____				
<b>TOTAL RECEIPTS THIS PAGE</b>				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-8 (page 5)

TYPE OR PRINT CLEARLY IN INK

**SCHEDULE A. Receipts - This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**

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

Name		Occupation		Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
Address		Employer					
RMG Publishing Name PO Box 982 Address Portland ME 04104 City, State, Zip Code		publishing Occupation self Employer				100	100
Angela Schwab Name 4235 Spurgin Rd Address Missoula MT 59804 City, State, Zip Code		Admin Assistant Occupation Walla Wall Univer Employer				50	50
Greg Price Name 501 N 1/2 N 2 St Address Missoula MT 59802 City, State, Zip Code		requested Occupation Employer				100	100
Tom Gignoux Name 2755 Lincoln Hills Address Missoula, MT 59802 City, State, Zip Code		Geologist Occupation self Employer				400	430
Steve Barkley Name 1627 W Main St # 334 Address Bozeman MT 59715 City, State, Zip Code		self Occupation Contrail Inc Employer		copying & market 117.19			192.19
<b>TOTAL RECEIPTS THIS PAGE</b>					117.19 /	675 /	
<b>TOTAL RECEIPTS THIS REPORTING PERIOD</b> Include ALL of Schedule A (Sections 1 - 9) in this total							

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 5)

TYPE OR PRINT CLEARLY IN INK

**SCHEDULE A. Receipts - This Reporting Period (continued)**

9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> <i>REQUIRED: Full name, complete mailing address, occupation &amp; employer</i>		In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
Renelle Braaten Name PO Box 808 Address Havre, MT 59501 City, State, Zip Code Occupation Sports Apparel self Employer				500	500
Mary Sarumi Name 1417 10th Ave NW Address Great Falls MT 59404 City, State, Zip Code Occupation Information Tech self Employer				450	2283.43
Suzanna McDougal Name PO Box 1335 Address Hamilton MT 59840 City, State, Zip Code Occupation retired Employer				500 ✓	500
Amy Greer Name 2142 Poppy Ln Address Corvallis MT 59828 City, State, Zip Code Occupation retired Employer				100	100
Name Address City, State, Zip Code Occupation Employer					

**TOTAL RECEIPTS THIS PAGE**

1550.00 ✓

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
 Include ALL of Schedule A (Sections 1 - 9) in this total

117.19 ✓  
 2225.00 ✓

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C-6 (page 6)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	Amount	
				PRIMARY	GENERAL
<b>1. PETTY CASH Expenditures (TOTAL THIS PERIOD)</b>					
<b>2. All Other Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>					
Paypal		transaction fees	May 26-May 29		36.90
Name					
Address					
City, State, Zip Code					
USPS		postage	5/28/14		20.37
Name					
Address					
City, State, Zip Code					
Paper Clip		copying	5/31/14		40.00
Name					
Address					
City, State, Zip Code					
Pure Talk		cell phone	5/25/14		20.00
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
<b>TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH</b>					117.27

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C-6 (page 7)

TYPE OR PRINT CLEARLY IN INK

<b>SCHEDULE B.</b> <b>Expenditures – This Reporting Period</b>	<b>Purpose</b>	<b>Candidate/ Issue</b>	<b>Date</b>	<b>PRIMARY</b>	<b>Amount</b> <b>GENERAL</b>
<b>3. Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>					
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 _____					
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b>					
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					

Include all of Schedule B (Sections 1 - 3) in this total

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C-6 (page 7)

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Candidate/ Issue	Date	PRIMARY	Amount	GENERAL
<b>4. Corporate Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>						
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

TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 -4 In this total

117.27

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**EXHIBIT 6**

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](http://www.politicalpractices.mt.gov)

# FORM C-6 (Revised 04/08) POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING  AMENDED FILING

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

Trap Free Montana Public Lands  
FULL REGISTERED NAME OF COMMITTEE  
PO Box 1347 Hamilton MT 59840  
COMPLETE MAILING ADDRESS  
(include City, State, Zip Code)

REPORTING PERIOD  
From April 5, 2014  
To May 5, 2014

Initial Report   
Periodic Report   
Closing Report   
No transactions in period



*Balwit*

*V S-12-14*

FOR OFFICE USE ONLY  
Date Received and Postmark Date  
**RECEIVED**  
2014 MAY 12 A 7:31  
COMMISSIONER OF  
POLITICAL PRACTICES  
*W...*

**CASH SUMMARY: MONEY RECEIVED AND SPENT**

- CASH IN BANK - Balance from previous report..... \$ 2439.11 ✓
- RECEIPTS - Total received and deposited this period from Schedule A..... \$ 700.00 ✓
- CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) - \$ 3139.11  
Subtotal..... \$ 3139.11
- EXPENDITURES - Total paid out this period from Schedule B..... - \$ 799.93 ✓
- CASH IN BANK - Ending balance this report..... \$ 2339.18 ✓

## CERTIFICATION

I, KC York Deputy Treasurer, 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 18, chapter 37.

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

Signature *[Handwritten Signature]*





TYPE OR PRINT CLEARLY IN INK

C-5 (page 4)

<b>SCHEDULE A.</b>		<b>Date Received</b>	<b>Description</b>	<b>In-Kind Value</b>	<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____						
Address _____						
City, State, Zip Code _____						
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____						
Address _____						
City, State, Zip Code _____						
<b>TOTAL RECEIPTS THIS PAGE</b>					0	1

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TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

**SCHEDULE A.**  
**Receipts – This Reporting Period (continued)**

**8. Corporate Contributions (PAC's & Ballot Issues Only)**  
 Full name and mailing address. **REQUIRED**  
*for Independent Expenditures Only*

Date Received Required	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
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 _____				
Name _____ Address _____ City, State, Zip Code _____				
<b>TOTAL RECEIPTS THIS PAGE</b>				0 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED



TYPE OR PRINT CLEARLY IN INK

C-5 (page 5)

**SCHEDULE A. Receipts - This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**

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

		Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>Robert E Lecain</b> Name 3201 Park St Address Missoula MT 59801 City, State, Zip Code		retired Occupation N/A Employer		50.00	50
<b>Steve Barkley</b> Name 1627 W Main St # 334 Address Bozeman MT 59715 City, State, Zip Code		self Occupation Contrail Inc Employer		75.00	75
<b>Bruce Dasonia</b> Name PO Box 561 Address Helena MT 59624 City, State, Zip Code		retired Occupation N/A Employer		100.00	300
<b>Steve Clevidence</b> Name PO Box 190 Address Victor MT 59875 City, State, Zip Code		rancher/retired Occupation N/A Employer		200.00	200
<b>Dr Rick Vanderpol</b> Name 5769 Prospect Dr Address Missoula MT 59808 City, State, Zip Code		Principal Investor Occupation UM Employer		100.00	100

**TOTAL RECEIPTS THIS PAGE**

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
 Include ALL of Schedule A (Sections 1 - 9) in this total

525.00 ✓  
 700.00 600 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 5)

**SCHEDULE A. Receipts - This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**  
**REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION**  
**REQUIRED: Full name, complete mailing address, occupation & employer**

		In-Kind	Cash or Check	Total to Date
		Description	Value	Amount
<b>Robert Hoy</b> Name <u>2858 Pheasant Lane</u> Address <u>Stevensville MT 59870</u> City, State, Zip Code _____		retired Occupation <u>N/A</u> Employer _____	100	100
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**

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
**Include ALL of Schedule A (Sections 1 - 9) in this total**

100	✓	
700	✓	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED





TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

**SCHEDULE C. Debts and Loans Not Yet Paid**

Full name and complete mailing address of each creditor <b>REQUIRED</b>		Purpose	Date Incurred	Balance Due	
				PRIMARY	GENERAL
Name					0
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, contributors, and expenditures reported on a prior report.**

Originally Reported on SCHEDULE DATE	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

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

# FORM C-6 (Revised 04/08) POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

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

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS

(include Cty, State, Zip Code)

REPORTING PERIOD  
From March 6, 2015  
To April 5, 2015

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

### CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report..... \$ 762.13
  2. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 535.00
  3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) \$ 0
  4. EXPENDITURES - Total paid out this period from Schedule B..... \$ 1297.00
  5. CASH IN BANK - Ending balance this report..... \$ 467.66
- Subtotal..... \$ 829.34

### CERTIFICATION

I, KC York <sup>Name</sup> deputy treasurer <sup>Title</sup> 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 an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

Signature 

FOR OFFICE USE ONLY  
Date Received and Postmark Date  
**RECEIVED**  
2015 APR -6 P 1:11  
COMMISSIONER OF  
POLITICAL PRACTICES



TYPE OR PRINT CLEARLY IN INK

C-6 (page 3)

<b>SCHEDULE A.</b> <b>Receipts -- This Reporting Period (continued)</b>	<b>Date Received Required</b>	<b>In-Kind Description Value</b>	<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>4. Political Action Committee Contributions</b> Committee's full registered name and complete mailing address <b>REQUIRED</b>				
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				

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C-5 (page 4)

<b>SCHEDULE A, Receipts - This Reporting Period (continued)</b>		<b>Date Received</b>	<b>Description In-Kind Value</b>	<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>			
Name _____					
Address _____					
City, State, Zip Code _____					
Name _____					
Address _____					
City, State, Zip Code _____					
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>			
Name _____					
Address _____					
City, State, Zip Code _____					
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>			
Name _____					
Address _____					
City, State, Zip Code _____					
<b>TOTAL RECEIPTS THIS PAGE</b>					

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C-8 (page 3)

**SCHEDULE A.**  
Receipts - This Reporting Period (continued)

8. Corporate Contributions (PAC's & Ballot Issues Only)  
Full name and mailing address. **REQUIRED**  
for Independent Expenditures Only

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
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 RECEIPTS THIS PAGE**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 5)

**SCHEDULE A. Receipts - This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**

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

		Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
David Fritschen Name: 317 3rd St N Address: Great Falls, MT 59401 City, State, Zip Code		unemployed Occupation Employer		100.00	100.00
Lisa Smith Name: 272 Omaha Ave Address: Clovis, CA 93619 City, State, Zip Code		retired Occupation Employer		100.00	100.00
Jon Bertsche Name: 463 Spanish Peaks Address: Missoula, MT 59803 City, State, Zip Code		requested Occupation Employer		35.00	35.00
Mary Sarumi Name: 1417 10th Ave NW Address: Great Falls, MT 59404 City, State, Zip Code		Information tech Occupation self Employer		300.00	2633.43
Name: _____ Address: _____ City, State, Zip Code: _____		Occupation Employer			
<b>TOTAL RECEIPTS THIS PAGE</b>				535.00	
<b>TOTAL RECEIPTS THIS REPORTING PERIOD</b> Include ALL of Schedule A (Sections 1 - 9) in this total				535.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY	Amount	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)						
2. All Other Expenditures Full name and complete mailing address of each payee <b>REQUIRED</b>						
Shift Shop Name 740 River St Address Missoula, MT 59801 City, State, Zip Code		set up fee	3/8/15			125.00
Exxon Express Name 832 S 1st St Address Hamilton, MT 59840 City, State, Zip Code		gas	3/16/15			22.44
Shift Shop Name 740 River Street Address Missoula, MT 59801 City, State, Zip Code		shifts	4/3/15			302.50
Pure Talk Name Address City, State, Zip Code		cell phone	4/3/15			10.00
PayPal Name Address City, State, Zip Code		transaction fees	3/15/15-3/30/15			7.72
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>						467.66

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-8 (page 7)

<b>SCHEDULE B.</b> <b>Expenditures - This Reporting Period</b>  <b>3. Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>	Purpose	Candidate/ Issue	Date	PRIMARY	Amount GENERAL
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 _____					
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total</b>					467.66

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 7)

<b>SCHEDULE B.</b> <b>Expenditures - This Reporting Period</b> <b>4. Corporate Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>	Purpose	Candidate/ Issue	Date	PRIMARY	Amount GENERAL	
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 _____						
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>						
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1-4) in the total						487.66

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C-6 (page 6)

**SCHEDULE C. Debts and Loans Not Yet Paid**

Full name and complete mailing address of each creditor <b>REQUIRED</b>		Purpose	Date Incurred	PRIMARY	Balance Due 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 SCHEDULE DATE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

**EXHIBIT 8**



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

*Bullet*

FORM C-6 (Revised 04/08)  
POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

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

Trap Free Montana Public Lands  
FULL REGISTERED NAME OF COMMITTEE  
PO Box 1347 Hamilton, Montana 59840  
COMPLETE MAILING ADDRESS  
(Include City, State, Zip Code)

REPORTING PERIOD  
From January 1, 2014  
To March 5, 2014

Initial Report   
Periodic Report   
Closing Report   
No transactions in period

FOR OFFICE USE ONLY  
Date Received and Postmark Date

RECEIVED

2014 MAR 10 A 8:09



CASH SUMMARY: MONEY RECEIVED AND SPENT

- 1. CASH IN BANK - Balance from previous report: \$ 0 ✓
- 2. RECEIPTS - Total received and deposited this period from Schedule A: *2325.42* ✓
- 3. CORRECTIONS - Addition or subtraction from Schedule D: (Circle: + or -) \$ \_\_\_\_\_
- 4. EXPENDITURES - Total paid out this period from Schedule B: \$ 787.43 ✓
- 5. CASH IN BANK - Ending balance this report: \$ 1537.99 ✓

CERTIFICATION

I, KC York Deputy Treasurer 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 18, chapter 37.

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.





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C-6 (page 4)

<b>SCHEDULE A.</b> <b>Receipts - This Reporting Period (continued)</b>		<b>Date Received</b>	<b>Description</b>	<b>In-Kind Value</b>	<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____						
Address _____						
City, State, Zip Code _____						
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		<b>Date Required</b>				
Name _____						
Address _____						
City, State, Zip Code _____						
<b>TOTAL RECEIPTS THIS PAGE</b>						1

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C-6 (page 3)

**SCHEDULE A.**  
**Receipts – This Reporting Period (continued)**

**8. Corporate Contributions (PAC's & Ballot Issues Only)**  
Full name and mailing address **REQUIRED**  
for *Independent Expenditures Only!*

	Date Received Required	Description In-Kind Value	Cash or Check Amount	Total to Date Amount
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 RECEIPTS THIS PAGE**

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C-6 (page 5)

**SCHEDULE A. Receipts - This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**  
**REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION**  
**REQUIRED: Full name, complete mailing address, occupation & employer**

		Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>Mary Sarumi</b> Name: 1417 10th Ave NW Address: Great Falls, MT 59404 City, State, Zip Code:		Information Tech Occupation: self Employer:	600.00	783.43	1383.43
<b>Rhonda Lanier</b> Name: 202 Camino Corto Address: Visa, CA 92083 City, State, Zip Code:		Executive Assis Occupation: BD Medical Employer:		75.00	75.00
<b>Valerie Beebe</b> Name: PO Box 688 Address: Kila, MT 59920 City, State, Zip Code:		Family Nurse P Occupation: Sunny View Park Employer:		50.00	50.00
<b>Sharona Gilbert</b> Name: 1381 Otter Road Address: Helena, MT 59602 City, State, Zip Code:		Administrative As Occupation: MT Dept of Env Employer:		300.00	300.00
<b>Michael Garrty</b> Name: 615 S Sanders Street Address: Helena, MT 5901 City, State, Zip Code:		Environmentalist Occupation: Alliance of the W Employer:		50.00	50.00
<b>TOTAL RECEIPTS THIS PAGE</b>			600.00 ✓	1258.43 ✓	

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
**Include ALL of Schedule A (Sections 1 - 9) in this total**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 5)

**SCHEDULE A. Receipts - This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**

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

		In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>Clayton Hall</b> Name: 11330 Bridger Canyon Road Address: Bozeman, MT 59715 City, State, Zip Code:		retired Occupation Employer		250.00	250.00
<b>Leontine Davidson</b> Name: 6054 McPherson Ave Address: St. Louis, MO 63112 City, State, Zip Code:		Info requested Occupation Employer		100.00	100.00
<b>Rebecca Broader</b> Name: 1713 Howell Street Address: Missoula, MT 59802 City, State, Zip Code:		Info requested Occupation Employer		40.00	40.00
<b>Michael Wickes</b> Name: 418 N Wallace Address: Bozeman, MT 59715 City, State, Zip Code:		Photographer Occupation self Employer		100.00	100.00
<b>Melissa Odom</b> Name: 4774 US Highway 93 S Address: Darby, MT 59829 City, State, Zip Code:		Medical Assistant Occupation Care Here Employer		100.00	100.00
<b>TOTAL RECEIPTS THIS PAGE</b>				590.00	

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
 Include ALL of Schedule A (Sections 1 - 9) in this total

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TYPE OR PRINT CLEARLY IN INK

C-5 (page 5)

**SCHEDULE A. Receipts - This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**  
**REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION**  
**REQUIRED: Full name, complete mailing address, occupation & employer**

		Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>Paul Griffin</b> Name 1202 Hillside Lane Address Bozeman, MT 59715 City, State, Zip Code		retired Occupation Employer		160.00	160.00
<b>Patricia Tompkins</b> Name 1796 Red Lodge Creek Rd Address Roberts, MT City, State, Zip Code		info requested Occupation Employer		50.00	50.00
<b>Susan Young</b> Name 460 Blodgett Camp Rd Address Hamilton, MT 59840 City, State, Zip Code		retired Occupation Employer	stamps, address labels, envelopes 97.37		97.37
Name Address City, State, Zip Code		Occupation Employer			
Name Address City, State, Zip Code		Occupation Employer			
Name Address City, State, Zip Code		Occupation Employer			
<b>TOTAL RECEIPTS THIS PAGE</b>			97.37 ✓	210.00 ✓	
<b>TOTAL RECEIPTS THIS REPORTING PERIOD</b> Include ALL of Schedule A (Sections 1 - 9) in this total			697.37 ✓	2325.42 ✓	

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TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY	Amount	GENERAL
<b>1. PETTY CASH Expenditures (TOTAL THIS PERIOD)</b>						
<b>2. All Other Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>						
First Security Bank Name PO Box 393 Address Hamilton, MT 59840 City, State, Zip Code		checks Harland Clarke	1/16/14		30.39	
Pure Talk Name Address puretalkusa.com City, State, Zip Code		cell phone	1/29/14		10.00	
US Post Office Name 150 N 4th St Address Hamilton, MT 59840 City, State, Zip Code		postage	2/8/14		88.20	
Paper Clip Name 228 W Main Address Hamilton, MT 59840 City, State, Zip Code		copying and return address labels	2/8/14		19.15	
Walgreens Name 901 N 1st Address Hamilton, MT 59840 City, State, Zip Code		envelopes, thank you cards	2/8/14		7.78	
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					155.52	✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period		Purpose	Date	PRIMARY	Amount	GENERAL
<b>1. PETTY CASH Expenditures (TOTAL THIS PERIOD)</b>						
<b>2. All Other Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>						
Paper Clip		copying petitions	2/20/14		121.75	
Name 228 W Main			2/24/14		1.50	
Address Hamilton, MT 59840						
City, State, Zip Code						
US Post Office		postage	2/20/14		35.00	
Name 150 N 4th			2/21/14		13.42	
Address Hamilton, MT 59840			2/25/14		10.71	
City, State, Zip Code			2/28/14		8.54	
			3/5/14		7.61	
FedEx		business cards	2/5/14			
Name 3640 Hacks Cross Road						
Address Memphis, TN 38125						
City, State, Zip Code						
Ravalli County Fairgrounds		Spring Thaw event table	3/4/14			
Name 100 Old Corvallis Road						
Address Hamilton, MT 59840						
City, State, Zip Code						
KC York		reimbursement Post Office box 70, registration business name 42.11, Open bank account 100.00, Facebook boost 30.00, Envelopes, stationary 7.78	3/4/14			
Name PO Box 1137						
Address Hamilton MT 59840						
City, State, Zip Code						
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					565.16	

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C-6 (page 7)

**SCHEDULE B.**  
**Expenditures -- This Reporting Period**

**4. Corporate Independent Expenditures**  
Full name and complete mailing address  
of each payee **REQUIRED**

	Purpose	Candidate/ Issue	Date	PRIMARY	Amount GENERAL
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**

**TOTAL EXPENDITURES THIS REPORTING PERIOD** Include all of Schedule B (Sections 1-4) in this total

0.00	/
787.43	/

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 8)

**SCHEDULE C. Debts and Loans Not Yet Paid**

Full name and complete mailing address of each creditor <b>REQUIRED</b>		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 SCHEDULE DATE	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

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

*29*

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2014 MAY 28 P 1:56

COMMISSIONER OF  
POLITICAL PRACTICES

FOR OFFICE USE ONLY  
Date Received and Postmark Date

# FORM C-6 (Revised 04/08) POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

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

Trap Free Montana Public Lands

FULL REGISTERED NAME OF COMMITTEE \_\_\_\_\_

PO Box 1347 Hamilton MT 59840

COMPLETE MAILING ADDRESS \_\_\_\_\_  
*(include City, State, Zip Code)*

REPORTING PERIOD

From May 15, 2014

To May 24, 2014

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

### CASH SUMMARY: MONEY RECEIVED AND SPENT

- CASH IN BANK - Balance from previous report..... \$ 2621.95
- RECEIPTS - Total received and deposited this period from Schedule A..... \$ 825.00
- CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -) \$ \_\_\_\_\_  
Subtotal..... \$ 3446.95
- EXPENDITURES - Total paid out this period from Schedule B..... \$ 49.92
- CASH IN BANK - Ending balance this report..... \$ 3397.03

### CERTIFICATION

I, KC York Deputy Treasurer, 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)*  
NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.





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C-4 (page 3)

**SCHEDULE A**

**Receipts – This Reporting Period (continued)**

**4. Political Action Committee Contributions**  
Committee's full registered name and complete mailing address **REQUIRED**

	Date Received Required	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
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**

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C-6 (page 4)

SCHEDULE A. Receipts - This Reporting Period (continued)		Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address REQUIRED		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address REQUIRED		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address REQUIRED		Date Required				
Name _____						
Address _____						
City, State, Zip Code _____						

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 3)

**SCHEDULE A.**  
Receipts -- This Reporting Period (continued)

**8. Corporate Contributions (PAC's & Ballot Issues Only)**  
Full name and mailing address. **REQUIRED**  
for *Independent Expenditures Only!*

	Date Received	In-Kind Description	Value	Cash or Check Amount	Total to Date Amount
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 RECEIPTS THIS PAGE**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 5)

**SCHEDULE A. Receipts – This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**  
**REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION.**  
**REQUIRED: Full name, complete mailing address, occupation & employer**

		In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>Susan Young</b> Name: 480 Blodgett Camp Rd Address: Hamilton MT 59840 City, State, Zip Code:		retired		300.00	397.37
<b>Mary Sarumi</b> Name: 1417 10th Ave NW Address: Great Falls, MT 59404 City, State, Zip Code:		information tech		450.00	1833.43
<b>Laura Wakeman</b> Name: PO Box 1258 Address: Dillon, MT 59725 City, State, Zip Code:		requested		50.00	50.00
<b>Lizbeth Pratt</b> Name: 240 Beverly Hill BLVD Address: Billings, MT 59101 City, State, Zip Code:		entrepreneur	54.25		54.25
Name: _____ Address: _____ City, State, Zip Code: _____		Occupation: _____ Employer: _____			
<b>TOTAL RECEIPTS THIS PAGE</b>			54.25	800.00	
<b>TOTAL RECEIPTS THIS REPORTING PERIOD</b>			54.25	825.00	

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
**Include ALL of Schedule A (Sections 1 – 9) In this total**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 5)

<b>SCHEDULE B.</b> <b>Expenditures -- This Reporting Period</b>		Purpose	Date	PRIMARY	Amount	GENERAL
<b>1. PETTY CASH Expenditures (TOTAL THIS PERIOD)</b>						
<b>2. All Other Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>						
<b>US Post Office</b> Name 150 N 4th St Address Hamilton MT 59840 City, State, Zip Code		mailing	5/15/14		15.22	
<b>US Post Office</b> Name 150 N 4th St Address Hamilton MT 59840 City, State, Zip Code		mailing	5/20/14		20.32	
<b>Paypal</b> Name Address City, State, Zip Code		transaction fees	5/21/14-5/23/14		14.38	
Name Address City, State, Zip Code						
Name Address City, State, Zip Code						
Name Address City, State, Zip Code						
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					49.92	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

<b>SCHEDULE B.</b> <b>Expenditures - This Reporting Period</b>  <b>3. Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>	Purpose	Candidate/ Issue	Date	PRIMARY Amount GENERAL
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 _____				
Name _____ Address _____ City, State, Zip Code _____				
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>				
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1 - 3) In this total				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED