

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

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NOV 02 2012

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COMMISSIONER OF
POLITICAL PRACTICES

NOV 02 2012

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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 Nancy Woodruff
Complete Mailing Address 545 Ramsey Ave
Whitefish MT 59937
Phone Numbers: Work 406 862 0370 Home 406 862 0370

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

Complete Name Tim Baldwin
Complete Mailing Address PO Box 1520
Kalispell, MT 59903
Phone Numbers: Work _____ Home _____

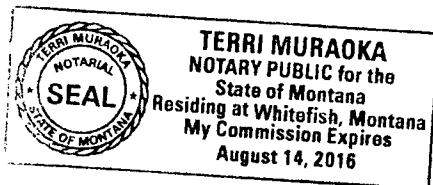
Please complete the second page of this form and describe in detail the facts of the alleged violation.

Verification by oath or affirmation

State of Montana, County of FLATHEAD

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

Nancy Woodruff
Signature of Complainant



Subscribed and sworn to before me this 2ND day of NOVEMBER, 2012.

Terri Muraoka
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.

Mr. Baldwin accepted money in excess of state limits on individual contributions in violation of MCA 13-37-216.

Specifically, he accepted:

1. \$1,000 from Doug Smith, 321 Ave U, Seaside, Oregon, 97138
2. \$1,000 from Carl Smith, 321 Ave U, Seaside, Oregon, 97138
3. \$500 from Chuck Baldwin, PO Box 10, Kila, MT 59920,
1 donation of \$160 and 1 donation of \$340
4. \$320 from Connie Baldwin, PO Box 10, Kila, MT 59920,
1 donation of \$160 and a second donation of \$160

See Mr. Baldwin's CS dated Oct. 25 attached.

Complaints must be:

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

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
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FORM C-5 (Revised 08/08)
CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING OR AMENDED FILING

REPORTING PERIOD: From _____ To _____

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

<p><u>Tim Baldwin</u> FULL NAME OF CANDIDATE <u>Po Box 1520, Kalispell, MT 59903</u> COMPLETE MAILING ADDRESS <i>(include City, State, Zip Code)</i></p>	<p>COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required) <u>House District 4</u></p>	<p><input type="checkbox"/> Initial Report <input checked="" type="checkbox"/> Periodic Report <input type="checkbox"/> Closing Report <input type="checkbox"/> No transactions in period</p>
<p>CASH SUMMARY: MONEY RECEIVED AND SPENT</p> <p>1. CASH IN BANK - Balance from previous report.....</p> <p>2. RECEIPTS - Total received and deposited this period from Schedule A.....</p> <p>3. CORRECTIONS - Addition or subtraction from Schedule D (Circle: + or -) <i>Subtotal</i>.....</p> <p>4. EXPENDITURES - Total paid out this period from Schedule B.....</p> <p>5. CASH IN BANK - Ending balance this report.....</p>	<p>PRIMARY</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ \$ _____</p> <p>- \$ _____</p> <p>\$ _____</p> <p>- \$ _____</p> <p>\$ _____</p>	<p>GENERAL</p> <p>\$ <u>1,300.30</u></p> <p>\$ <u>11,730.00</u></p> <p>+ _____</p> <p>- \$ _____</p> <p>\$ _____</p> <p>- \$ <u>12,540.52</u></p> <p>\$ <u>(to be amended)</u></p>

CERTIFICATION

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

Signature: [Signature]

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

TYPE OR PRINT CLEARLY IN INK

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							
2. Contributions Less Than \$35 Each					395		
3. Loans	Occupation & Employer REQUIRED	Loan Date Required					
Creditor's full name/complete mailing address REQUIRED Tim Baldwin PO Box 1520 Kalispell, MT 59903	attorney/kandole Occupation self Employer	9/12/12			350		
	Occupation Employer						
	Occupation Employer						
4. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date Required					
TOTAL RECEIPTS THIS PAGE					745		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received <i>Required</i>	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
<u>Montana Farm Bureau</u> Registered Name 502 Bozeman S. 14th, Ste 104 Address Bozeman, MT 59718 City, State, Zip Code	7/5/12				50		
<u>MONAR Montana Committee of Auto Retailers</u> Registered Name 501 N. Sanders Address Helena, MT 59601 City, State, Zip Code	7/10/12				100		
f Rec'd: Amt: City, State, Zip Code							
<u>Foxen Mobil PAC</u> Registered Name 5959 Las Lunas Blvd Address Irving, TX 75039 City, State, Zip Code	8/8 8/8/12				100		
<u>Republican Headquarters PAC</u> Registered Name PO Box 10243 Address Kalispell, MT 59904 City, State, Zip Code	9/17/12				160		
TOTAL RECEIPTS THIS PAGE					410		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received <i>Required</i>	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
5. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED							
Excellence in Voting PAC Registered Name 432 E. Idaho St., Ste C-464 Address Kalispell MT 59901 City, State, Zip Code	9/17/12				160		
MT Young Republicans Registered Name PO Box 6544 Address Helena, MT 59604 City, State, Zip Code	9/28/12				160		
Wells Fargo State PAC MT Registered Name PO Box 597 Address Helena, MT 59624 City, State, Zip Code					160		
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE					360		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
6. Political Party Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
Flathead Republican Central Comm. Name PO BOX 2455 Address Kalispell, MT 59903 City, State, Zip Code	7/12/12				800		
Name Address City, State, Zip Code							
Name Address City, State, Zip Code							
7. Incidental Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
Name Address City, State, Zip Code							
8. Other Political Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
Name Address City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE					800		

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SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name <u>Mike Grestkowski</u> Address <u>236 2nd Ave. W</u> <u>Kalispell, MT 59901</u> City, State, Zip Code	Occupation <u>barber</u> Employer <u>Artistic Barbering</u>			150		
Name <u>Travis Ogle</u> Address <u>4364 Bayou Ridge Dr.</u> <u>Pace, FL 32571</u> City, State, Zip Code	Occupation <u>retired police</u> Employer _____			50		
Name <u>Robin Gray</u> Address <u>1439 Hoo Doo Mt. Rd.</u> <u>Krist River, ID 83856</u> City, State, Zip Code	Occupation <u>homemaker</u> Employer _____			50		
Name <u>Eric Hanssen</u> Address <u>360 Bunker Hill Dr.</u> <u>Pensacola, FL 32506</u> City, State, Zip Code	Occupation <u>Manager</u> Employer <u>Hanssen Glass, Inc.</u>			160		
Name <u>Shari Hanssen</u> Address <u>633 Bradley Dr.</u> <u>Pace, FL 32571</u> City, State, Zip Code	Occupation <u>Manager</u> Employer <u>Hanssen Glass, Inc.</u>			160		
TOTAL RECEIPTS THIS PAGE				570		
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total						

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SCHEDULE A. Receipts - This Reporting Period (continued)							
9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name <u>Brad Hansen</u> Address <u>4633 Bradley Dr.</u> City, State, Zip Code <u>Palme FL 32571</u>		Occupation <u>owner</u> Employer <u>Hansen Glass Inc.</u>					160
Name <u>James Misura</u> Address <u>3624 W. Ave J4</u> City, State, Zip Code <u>Lancaster, CA</u>		Occupation <u>mechanic</u> Employer <u>Pratt Whitney</u>					160
Name <u>Ernest Euseg</u> Address <u>PO Box 161</u> City, State, Zip Code <u>Paradise, LA 70080</u>		Occupation <u>retired</u> Employer _____					75
Name <u>Dick Tener</u> Address <u>453 E. Kingsfield Rd</u> City, State, Zip Code <u>Cantonment, FL 32583</u>		Occupation <u>insurance adjuster</u> Employer _____					160
Name <u>Patrick Lacy</u> Address <u>PO Box 273</u> City, State, Zip Code <u>Maddus, CT 06469</u>		Occupation <u>sales/distribution</u> Employer <u>self</u>					50
TOTAL RECEIPTS THIS PAGE							605
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SCHEDULE A. Receipts - This Reporting Period (continued)							
9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name _____ Address _____ City, State, Zip Code _____ Occupation _____ Employer _____							
Name <u>Evan Danna</u> Address <u>144 Highland Dr.</u> <u>Ratzell, MT 59901</u> City, State, Zip Code _____ Occupation <u>Attorney</u> Employer <u>Zerner Law Firm</u>					100		
Name <u>Mark Blasdell</u> Address <u>240 Boon Rd.</u> <u>Sumers, MT 59932</u> City, State, Zip Code _____ Occupation <u>owner</u> Employer <u>Vista Linda</u>					160		
Name <u>Connie Baldwin</u> Address <u>PO Box 10</u> <u>Kila, MT 59920</u> City, State, Zip Code _____ Occupation <u>homemaker</u> Employer _____					160		
Name <u>Chuck Baldwin</u> Address <u>PO Box 10</u> <u>Kila, MT 59920</u> City, State, Zip Code _____ Occupation <u>pastor</u> Employer <u>Self</u>					160		
TOTAL RECEIPTS THIS PAGE					580		
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SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
<u>PC Musgrave</u> Name <u>1045 S. Main St.</u> Address <u>Kalispell, MT 59901</u> City, State, Zip Code	<u>real estate broker</u> Occupation <u>Big Sky Real Estate</u> Employer			100		
<u>Janette Reynolds</u> Name <u>PO Box 9663</u> Address <u>Kalispell, MT 59904</u> City, State, Zip Code	<u>marketing</u> Occupation <u>Iron Media</u> Employer			50		
<u>Ann Butacsek</u> Name <u>140 Seven Hills Est.</u> Address <u>Bigfork, MT 59911</u> City, State, Zip Code	<u>doctor</u> Occupation <u>self</u> Employer			100		
<u>Bill McGuffie</u> Name <u>PO Box 1515</u> Address <u>Bigfork, MT 59911</u> City, State, Zip Code	<u>business consult</u> Occupation <u>self</u> Employer			100		
<u>Harris Hymes</u> Name <u>PO Box 540</u> Address <u>Hamilton, MT 59840</u> City, State, Zip Code	<u>attorney</u> Occupation <u>self</u> Employer			50		
TOTAL RECEIPTS THIS PAGE				400		
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SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name <u>Verdell Jackson</u> Address <u>555 Wagner Ln</u> <u>Kalispell, MT 59901</u> City, State, Zip Code	Occupation <u>Farmer</u> Employer <u>Self</u>			160		
Name <u>Clarke Ryan</u> Address <u>253 Pine Needle Ln</u> <u>Digford, MT 59911</u> City, State, Zip Code	Occupation <u>retired</u> Employer			45		
Name <u>Paul Parnofello</u> Address <u>P.O. Box 5451</u> <u>Whitfish, MT 59937</u> City, State, Zip Code	Occupation <u>L.T.</u> Employer <u>Self</u>			150		
Name <u>Angela McGinty</u> Address <u>502 Lake Blain Rd</u> <u>Kalispell, MT 59901</u> City, State, Zip Code	Occupation <u>homemaker</u> Employer			160		
Name <u>Aaron McGinty</u> Address <u>502 Lake Blain Rd</u> <u>Kalispell, MT 59901</u> City, State, Zip Code	Occupation <u>Supervisor</u> Employer <u>SI Defense</u>			160		
TOTAL RECEIPTS THIS PAGE				675		
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SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
<u>Bruce Wann</u> <small>Name</small> <u>P.O. Box 755</u> <small>Address</small> <u>Kalispell, MT 59920</u> <small>City, State, Zip Code</small>	<u>sales</u> <small>Occupation</small> <u>Gold Rush Pawn</u> <small>Employer</small>					120
<u>George Hudson</u> <small>Name</small> <u>96 Northern Light Blvd</u> <small>Address</small> <u>Kalispell, MT 59901</u> <small>City, State, Zip Code</small>	<u>retired</u> <small>Occupation</small> <small>Employer</small>					180
<u>Greg Yager</u> <small>Name</small> <u>62 Cottonwood Cove</u> <small>Address</small> <u>Kalispell, MT 59901</u> <small>City, State, Zip Code</small>	<u>electrical Contractor</u> <small>Occupation</small> <u>Yager Construction</u> <small>Employer</small>					60
<u>Brock Dochery</u> <small>Name</small> <u>432 E. Idaho St., Ste C-222</u> <small>Address</small> <u>Kalispell, MT 59901</u> <small>City, State/Zip Code</small>	 <small>Occupation</small> <small>Employer</small>					120
<u>Sue Grestkowiach</u> <small>Name</small> <u>236 2nd Ave. W.</u> <small>Address</small> <u>Kalispell, MT 59901</u> <small>City, State, Zip Code</small>	<u>Barber</u> <small>Occupation</small> <u>Artistic Barbering</u> <small>Employer</small>					120
TOTAL RECEIPTS THIS PAGE						580
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SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name: <u>Catherine Lerner</u> Address: <u>88 Stafford St.</u> City, State, Zip Code: <u>Keisau, MT 59901</u> Occupation: <u>retired</u> Employer: _____					120		
Name: <u>R.C. Lane</u> Address: <u>380 Lindsey Ln</u> City, State, Zip Code: <u>Keisau, MT 59901</u> Occupation: <u>retired military</u> Employer: _____					100		
Name: <u>Roger Boyer</u> Address: <u>Po Box 10304</u> City, State, Zip Code: <u>Keisau, MT 59904</u> Occupation: <u>retired</u> Employer: _____					160		
Name: <u>Jan eye Moore</u> Address: <u>33 Muskrat Pk.</u> City, State, Zip Code: <u>Keisau, MT 59901</u> Occupation: <u>real estate broker</u> Employer: <u>self</u>					60		
Name: <u>Sharon Parnofiella</u> Address: <u>Po Box 5451</u> City, State, Zip Code: <u>Whitefish MT 59937</u> Occupation: <u>Custom cabinet maker</u> Employer: <u>Self</u>					120		
TOTAL RECEIPTS THIS PAGE					560		
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SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name: <u>Valerie Berry</u> Address: <u>939 Grand Ave #147</u> City, State, Zip Code: <u>Bozeman, MT 59911</u> Occupation: <u>Business Develop.</u> Employer: <u>Genwert</u>				120		
Name: <u>Melba Tener</u> Address: <u>953 E Kingsfield Rd</u> City, State, Zip Code: <u>Cartersville, FL 32533</u> Occupation: <u>hvacmaker</u> Employer:				80		
Name: <u>Tyson Ranez</u> Address: <u>1900 Westview Blvd #122</u> City, State, Zip Code: <u>Carroll, TX 77301</u> Occupation: <u>Electrician</u> Employer: <u>Ranez Elec.</u>				50		
Name: <u>Phoebst Adams Marc Adams</u> Address: <u>PO Box 889</u> City, State, Zip Code: <u>Shelby, MT 59474</u> Occupation: <u>doctor</u> Employer: <u>self</u>				160		
Name: <u>Kenny Sederdahl</u> Address: <u>PO Box 435</u> City, State, Zip Code: <u>Spokane, MT 59932</u> Occupation: <u>Manager / singer</u> Employer: <u>Conex / Kenny James Miller Band</u>				100		
TOTAL RECEIPTS THIS PAGE				510		
TOTAL RECEIPTS THIS REPORTING PERIOD <i>Include ALL of Schedule A (Sections 1 - 9) in this total</i>						

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SCHEDULE A. Receipts - This Reporting Period (continued)							
9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name <u>William Olson</u> Address <u>184 CW Circle</u> City, State, Zip Code <u>Winchester, VA 22602</u>		Occupation <u>attorney</u> Employer <u>self</u>			160		
Name <u>Teresa Hao</u> Address <u>16 Northern Light Blvd</u> City, State, Zip Code <u>Kalispell MT 59901</u>		Occupation <u>homemaker</u> Employer			160		
Name <u>Lisa Lorge</u> Address <u>55 Glacier Cir.</u> City, State, Zip Code <u>Kalispell MT 59901</u>		Occupation <u>homemaker</u> Employer			120		
Name <u>Nancy O'Brien</u> Address <u>Whitefish, MT 59937</u> City, State, Zip Code		Occupation <u>homemaker</u> Employer			120		
Name <u>Kevin Moore</u> Address <u>Po Box 619</u> City, State, Zip Code <u>Bigfork MT 59911</u>		Occupation <u>business owner</u> Employer <u>USA Flight</u>			160		
TOTAL RECEIPTS THIS PAGE					720		
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total							

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SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name <u>Harry Hyatt</u> Address <u>Bigfork, MT 59911</u> City, State, Zip Code	Occupation <u>retired chemical engineer</u> Employer <u>Father of Chris Hyatt AC Whitfish, MT</u>			100		
Name <u>Darryl Russel</u> Address <u>6477 Hwy 93 S #131</u> City, State, Zip Code <u>Whitefish, MT 59937</u>	Occupation <u>retired Maine</u> Employer			50		
Name <u>Bob Reprata</u> Address <u>775 Hidden Valley Dr</u> City, State, Zip Code <u>Whitefish, MT 59937</u>	Occupation <u>owner</u> Employer <u>Ford</u>			100		
Name <u>Alan Wilson</u> Address <u>16175 Madison Rd</u> City, State, Zip Code <u>Middlefield, OH 44062</u>	Occupation <u>owner</u> Employer <u>AC Wilson Ent., Inc.</u>			100		
Name <u>Roy Thompson</u> Address <u>PO Box 2294</u> City, State, Zip Code <u>Kalispell, MT 59903</u>	Occupation <u>venture capitalist</u> Employer <u>self</u>			160		
TOTAL RECEIPTS THIS PAGE				510		
TOTAL RECEIPTS THIS REPORTING PERIOD <i>include ALL of Schedule A (Sections 1 - 9) in this total</i>						

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SCHEDULE A. Receipts - This Reporting Period (continued)							
9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount		
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL	
Name <u>Ladaine Thompson</u> Address <u>PO Box 22 94</u> <u>Kalispell, MT 59903</u> City, State, Zip Code	Occupation <u>home maker</u> Employer _____					160	
Name <u>Russ Miller</u> Address <u>510 Solberg Pr.</u> <u>Kalispell, MT 59901</u> City, State, Zip Code	Occupation <u>prsmel director</u> Employer <u>self</u>					75	
Name <u>Don Kaltschmidt</u> Address <u>230 J P Rd.</u> <u>Whitefish, MT 59937</u> City, State, Zip Code	Occupation <u>owner</u> Employer <u>Don "K"</u>					160	
Name <u>Debra Kaltschmidt</u> Address <u>230 J.P. Rd.</u> <u>Whitefish, MT 59937</u> City, State, Zip Code	Occupation <u>home maker</u> Employer _____					160	
Name <u>Kerth Reiger</u> Address <u>1078 Stillwater Rd</u> <u>Kalispell, MT 59901</u> City, State, Zip Code	Occupation <u>retired teacher</u> Employer _____					100	
TOTAL RECEIPTS THIS PAGE						655	
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total							

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SCHEDULE A. Receipts - This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</i> Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Name <u>William Jones</u> Address <u>567 E. Village Dr.</u> City, State, Zip Code <u>Bismarck, MT 59911</u>	Occupation <u>dentist</u> Employer <u>self</u>			700		
Name <u>Ty Bollinger</u> Address <u>585 Madera TR</u> City, State, Zip Code <u>FallsPELL, MT 59901</u>	Occupation <u>CPA</u> Employer <u>self</u>			100		
Name <u>William Rice</u> Address <u>845 1st Ave E.</u> City, State, Zip Code <u>FallsPELL, MT 5990</u>	Occupation <u>owner</u> Employer <u>Glacere Storage</u>			50		
Name <u>Doug Smith</u> 10/12/12 Address <u>321 Ave. U</u> City, State, Zip Code <u>Seaside, OR 97138</u>	Occupation <u>owner</u> Employer <u>grocer</u>			1,000		
Name <u>Carol Smith</u> 10/12/12 Address <u>321 Ave. U</u> City, State, Zip Code <u>Seaside, OR 97138</u>	Occupation <u>owner</u> Employer <u>grocer</u>			1,000		
TOTAL RECEIPTS THIS PAGE				2,250		
TOTAL RECEIPTS THIS REPORTING PERIOD <i>include ALL of Schedule A (Sections 1 - 9) in this total</i>						

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SCHEDULE A. Receipts - This Reporting Period (continued)							
9. Individual Contributors of \$35 or More <i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, occupation, & employer	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount		
	PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL	
Name <u>Chuck Baldwin</u> 10/9/12 <u>PO Box 10</u> Address <u>King, MT 59920</u> City, State, Zip Code				340			
Name <u>Carole Baldwin</u> 10/9/12 <u>PO Box 10</u> Address <u>King, MT 59920</u> City, State, Zip Code				160			
Name <u>Betty Huggins</u> <u>64 Suzy Ln.</u> Address <u>Ballou, MT 59901</u> City, State, Zip Code				80			
Name <u>Rollan Roberts</u> <u>677 Hwy 93 S 214</u> Address <u>Whitefish, MT 59937</u> City, State, Zip Code				60			
Name <u>Scott Sales</u> <u>5200 BoStwick Rd</u> Address <u>Bezenan, MT 59715</u> City, State, Zip Code				160			
TOTAL RECEIPTS THIS PAGE				800			
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total							

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
<p><u>PICYX</u> Name _____ <u>PICYX.COM</u> Address _____ City, State, Zip Code _____</p>	<p>Donation fee Ernest Eusea</p>	<p>6/27/12</p>		<p>2.25</p>
<p><u>PICYX</u> Name _____ <u>PICYX.COM</u> Address _____ City, State, Zip Code _____</p>	<p>donation fee Vick Tener</p>	<p>7/2/12</p>		<p>7.20</p>
<p>Name _____ Address _____ City, State, Zip Code _____</p>				
<p>Name _____ Address _____ City, State, Zip Code _____</p>				
<p>Name _____ Address _____ City, State, Zip Code _____</p>				
<p>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</p>				<p>9.45</p>
<p>TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) In this total</p>				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
Pinyx Name <u>www.pinyx.com</u> Address _____ City, State, Zip Code _____	donation fee Trans ogle	6/22/12		2.25
Pinyx Name <u>pinyx.com</u> Address _____ City, State, Zip Code _____	donation fee Robin Gray	6/23/12		2.25
Pinyx Name <u>pinyx.com</u> Address _____ City, State, Zip Code _____	donation fee Eric Hansson	6/27/12		7.20
Pinyx Name <u>Pinyx.com</u> Address _____ City, State, Zip Code _____	donation fee Shari Hansson	6/27/12		7.20
Pinyx Name <u>Pinyx.com</u> Address _____ City, State, Zip Code _____	donation fee Brad Hansson	6/27/12		7.20
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				26.10
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
paypal Name _____ paypal.com Address _____ City, State, Zip Code _____	user fee donation (William Rice)	9/20/12		1.75
paypal Name _____ paypal.com Address _____ City, State, Zip Code _____	donation fee mcGuffie	8/30/12		1.75
paypal Name _____ paypal.com Address _____ City, State, Zip Code _____	donation fee William Olson	8/16/12		4.94
paypal Name _____ paypal.com Address _____ City, State, Zip Code _____	donation fee Ernest Eusea	8/13/12		1.03
paypal Name _____ paypal.com Address _____ City, State, Zip Code _____	donation fee Robert Holteclaw	8/18/12		1.03
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				10.50
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
paypal Name: paypal.com Address: City, State, Zip Code:	donation fee Tysm Ranes	8/10/12		1.76
paypal Name: paypal.com Address: City, State, Zip Code:	donation fee Lloyd Phillips	8/7/12		.88
paypal Name: paypal.com Address: City, State, Zip Code:	Refund fee self	8/6/12		.03
paypal Name: paypal.com Address: City, State, Zip Code:	Donation fee Richard Tener	8/5/12		2.62
Paypal Name: paypal.com Address: City, State, Zip Code:	Donation fee Valerie Berry	8/5/12		2.04
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				7.33
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
paypal Name _____ Address paypal.com _____ City, State, Zip Code _____	donation fee Ed. Berry	8/4/12		2.04
paypal Name _____ Address paypal.com _____ City, State, Zip Code _____	donation fee Linda Johnson	8/4/12		1.03
paypal Name _____ Address paypal.com _____ City, State, Zip Code _____	donation fee Sharon Parnofinello	8/3/12		3.78
paypal Name _____ Address paypal.com _____ City, State, Zip Code _____	donation fee PC Musgrave	8/2/12		3.20
paypal Name _____ Address paypal.com _____ City, State, Zip Code _____	donation fee Janette Reynolds	8/2/12		.45
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				10.50
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
Name <u>paypal</u> Address <u>paypal.com</u> City, State, Zip Code _____	donation fee Janae Moore	8/2/12		2.04
Name <u>paypal</u> Address <u>paypal.com</u> City, State, Zip Code _____	refund Fee SELF	8/2/12		.33
Name <u>Daily Interlake</u> Address <u>727 E Idaho St</u> <u>Kalispell, MT 59901</u> City, State, Zip Code _____	Ad	5/29/12 6/14/12		234.90 (ck# 1200)
Name <u>Steve Daines For MT</u> Address <u>19 2nd St. E. St. E</u> <u>Kalispell, MT 59901</u> City, State, Zip Code _____	Campaign exposure & support	6/27/12		100 (ck# 1201)
Name <u>Iconmedia</u> Address <u>PO Box 9663</u> <u>Kalispell, MT 59904</u> City, State, Zip Code _____	Campaign managing & supplies	6/29/12		850 (ck# 1225)
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				1187.27
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
Walmart Name Walmart 170 Hutton Ranch Rd Address Kalispell, MT 59901 City, State, Zip Code	parade supplies	7/6/12		83.67 (visa)
Icon Media Name PO Box 9663 Address Kalispell, MT 59904 City, State, Zip Code	Campaign managing & supplies	7/18/12		1,100 (chk # 1226)
Icon media Name PO Box 9663 Address Kalispell, MT 59904 City, State, Zip Code	Campaign managing & supplies	8/1/12		1,595 (chk # 1227)
West Shore Comm. Library Name 100 Bierney Creek Rd Address Lakeside, MT 59922 City, State, Zip Code	Campaign exposure & support	8/3/12		100 (chk # 1228)
Walmart Name Walmart 170 Hutton Ranch Rd. Address Kalispell, MT 59901 City, State, Zip Code	parade supplies	8/8/12		235.05 (visa)
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				3113.72
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
<u>Flathead Lake Lodge</u> Name <u>150 Flathead Lake Lodge Rd.</u> Address <u>Bigfork, MT 59911</u> City, State, Zip Code	dinner @ veterans event	8/14/12		9.00 (ch # 1230)
<u>Stahlberg & Sutherland</u> Name <u>100 Cooperative Way</u> Address <u>Kalispell, MT 59901</u> City, State, Zip Code	CPA accounting	8/14/12		217.50 (ch # 1231)
<u>Icon Media</u> Name <u>PO Box 9663</u> Address <u>Kalispell, MT 59904</u> City, State, Zip Code	Campaign managing & supplies	8/15/12		2090 (ch # 1232)
<u>Icon Media</u> Name <u>PO Box 9663</u> Address <u>Kalispell, MT 59904</u> City, State, Zip Code	Campaign managing & supplies	8/15/12		478.15 (ch # 1233)
<u>Icon Media</u> Name <u>PO Box 9663</u> Address <u>Kalispell, MT 59904</u> City, State, Zip Code	Campaign managing & supplies	8/21/12		120 (ch # 1234)
TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH				2914.65
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
Operation Finally Home Name <u>1659 State Hwy 46 West, Ste 115-6060</u> Address <u>New Braunfels, TX 77132</u> City, State, Zip Code	campaign exposures support	8/22/12		100 (ch # 1229)
Icon Media Name <u>PO Box 9663</u> Address <u>Kalispell, MT 59904</u> City, State, Zip Code	campaign managing & supplies	8/22/12		125 (ch # 1235)
Icon Media Name <u>PO Box 9663</u> Address <u>Kalispell, MT 59904</u> City, State, Zip Code	campaign managing & supplies	9/10/12		1,000 (ch # 1236)
Icon Media Name <u>PO Box 9663</u> Address <u>Kalispell, MT 59904</u> City, State, Zip Code	campaign managing & supplies	9/18/12		755 (ch # 1237)
Icon Media Name <u>PO Box 9663</u> Address <u>Kalispell, MT 59904</u> City, State, Zip Code	campaign managing	9/26/12		256 (ch # 1238)
TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH				2236
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
<u>KALS</u> Name <u>106 Carpenter Way</u> Address <u>Kalispell, MT 59901</u> City, State, Zip Code	radio Ads	10/12/12		1,003 (ch # 1240)
<u>UTMOST graphics</u> Name <u>1376 Shelter</u> Address <u>Kalispell, MT 59901</u> <u>Paradise Rd.</u> City, State, Zip Code	mailouts	10/16/12		375 (ch # 1239)
<u>Daily Interlake</u> Name <u>727 E Idaho St</u> Address <u>Kalispell, MT 59901</u> City, State, Zip Code	AD	10/12/12		261.76 (ch # 1241)
<u>Flathead Beacon</u> Name <u>217 Main St.</u> Address <u>Kalispell, MT 59901</u> City, State, Zip Code	AD	10/23/12		1,386 (ch # 1242)
Name _____ Address _____ City, State, Zip Code _____				
TOTAL EXPENDITURES THIS PAGE—INCLUDING PETTY CASH				3025.76
TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total				12,540.58

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SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor <i>REQUIRED</i>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
Tim Baldwin Name PO Box 1520 Address Kalispell, MT 59903 City, State, Zip Code	campaign fund	9/12/12		350
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				

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

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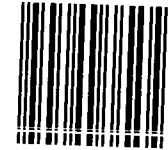
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