

THE STATE OF MONTANA

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

FOR OFFICE USE ONLY

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2016 SEP 15 A 9:18

COMMISSIONER OF
POLITICAL PRACTICES

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SIGNED/NOTARIZED

Ethics

Complaint Form (10/09)

POSTMARKED

SEP 13 2016

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

Person bringing complaint (Complainant):

Complete Name Jane YECNY
Complete Mailing Address 42 Days End Trail
Sheridan, MT 59749
Phone Numbers: Work _____ Home 406-842-5648

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

Complete Name David Christopher SCHULZ
Complete Mailing Address PO Box 252 - Sheridan MT 59749
Phone Numbers: Work 406-843-4277 Home 406-842-5466

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 Madison

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



JENNIFER BURKE
NOTARY PUBLIC for the
State of Montana
Residing at Sheridan, Montana
My Commission Expires
July 11, 2018

Jane Yecny
Signature of Complainant

Subscribed and sworn to before me this 13 day of
September, 2016.

Jennifer Burke
Notary Public

My Commission Expires: July 11, 2018

Statement of facts:

Describe in detail the alleged violation(s), including pertinent dates, 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.

Sept. 12, 2016

Upon reviewing the website for Commissioner of Political Practices and the required finance reports, Form C-5, I note that David C. Schultz, candidate for Madison County Commissioner, Dist. 1, has what would seem to be two violations of the Candidate Finance Report Calendar.

Mr. Schultz has failed to file Form C-5, deadline May 3, 2016.

Mr. Schultz was 21 days late with C-5 form due June 27, 2016.

Your investigation into this would be greatly appreciated.

Thank you

Complaints must be:

- signed
- notarized
- delivered to the Commissioner in person or by certified mail.

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

ORIGINAL FILING OR AMENDED FILING

REPORTING PERIOD: From May 22, 2016 To June 22, 2016

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

FULL NAME OF CANDIDATE

DAVID CHRISTOPHER SCHULTZ

COMPLETE MAILING ADDRESS

Pc Box 252, Sweden, MT 59749

(Include City, State, Zip Code)

CASH SUMMARY: MONEY RECEIVED AND SPENT

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

Subtotal.....

COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required)

Montana County Commissioner

PRIMARY

GENERAL

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

CERTIFICATION

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

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

FOR OFFICE USE ONLY
Date Received and Postmark Date

2016 JUN 13 A 8 30
David Schultz

County Candidates

Candidate Finance Report Calendar

2016

Primary and General Elections

Report form C-5 must be filed for each reporting period to disclose all transactions, if any that occurred during the specific reporting period.

Filing Deadline	Reporting Period
May 3 rd	Beginning through April 28 th
May 26 th	April 29 th through May 21 st
Within 2 Business Days	File only if a \$100 contribution from a single source is received between May 21 st and June 7 th
June 27 th	May 22 nd through June 22 nd
October 4 th	June 23 rd through September 29 th
October 27 th	September 30 th through October 22 nd
Within 2 Business Days	File only if a \$100 contribution from a single source is received between October 22 nd and November 8 th
November 28 th	October 23 rd through November 23 rd
March 10 th September 10 th	End of last period through March 5 th End of last period through September 5 th

Jane Yacny
42 Days End Tr
Sheridan, MT 59749-9661

PLACE STICKER TOP OF ENVELOPE
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



7015 1520 0000 6922 7438

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P.O. Box 202401
Helena, MT 59620-2401



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