

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1209 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
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Instructions (Revised 09/17)

Form C-118C

Disposition of Surplus Campaign

Funds Statement - Establishing a Constituent Account

Who Is Required To File A Form C-118C?

Following the filing of a closing campaign finance report, all candidates with surplus campaign funds are required to file either a Form C-118 or C-118C, pursuant to Montana Code Annotated § 13-37-240. A candidate that has been elected and has chosen to open a constituent services account must file a Form C-118C.

What Information Is To Be Reported?

Pursuant to 13-37-240, MCA, the candidate shall disclose the establishment of a constituent services account. The Form C-118C shall be accompanied by a copy of the transaction between the campaign account and the constituent account.

When Must A Form C-118C Be Filed?

Within 120 days of filing a closing campaign finance report, a candidate must dispose of surplus campaign funds. Form C-118 must be filed by a candidate within 135 days after a closing report is filed.

Where Must A Form C-118C Be Filed?

- One copy is to be filed with the Commissioner of Political Practices at the address above.
- One copy is to be retained for the candidate's records.

Commissioner of Political Practices

1209 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

Phone: 406-444-2942

Fax: 406-444-1643

On the web: www.politicalpractices.mt.gov

For office use only:

Date Received and Postmark Date

Form C-118C (Revised 09/17)

Establishing a Constituent Services Account

ORIGINAL FILING AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

Full name _____

Email address _____

Title of public office you were elected to _____

Mailing address _____
(Include City, State, Zip)

Phone numbers: _____
Home or cell phone Work or other phone Facsimile number

Authorized signature (In addition to the elected official - *optional*)

Full name _____

Email address _____

Mailing address _____
(Include City, State, Zip)

Contact numbers: _____
Home or cell phone Work or other phone Facsimile number

Campaign account information

Full name of bank _____

Mailing address _____
(Include City, State, Zip)

Phone number _____ Amount transferred _____

Constituent services account information

Full name of bank _____

Mailing address _____
(Include City, State, Zip)

Phone number _____

Certification: *I declare under penalty of perjury and under the laws of the state of Montana that the foregoing including all attachments is true, complete and correct, in accordance with Montana Code Annotated, Title 13, chapter 37.*

Signature _____ Date _____