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

Ethics

Complaint Form (10/09)



Type or print in link all information on this form except for verification signature			
Person bringing complaint (Complainant):			
Complete Name		Stacy Hermiller	
Complete Mailing Address		2340 NORTHERN LIGHTS DR	
		Great Falls, MT 59401	
Phone Numbers:	Work	Home4 <u>06-7619808</u>	
Person or organization a	gainst w	hom complaint is brought (Respondent):	
Person or organization a Complete Name	gainst w	hom complaint is brought (Respondent): James Whitaker	
_	gainst w		
Complete Name	gainst w	James Whitaker	

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

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Verification by oath or affirmation			
State of Montana, County of <u>Cascac</u>	ve		
I, Stacy Hermiller Complaint is complete, true, and correct,	, being duly sworn, state that the information in this to the best of my knowledge and belief.		
ANGELA R MAYNARD NOTARY PUBLIC for the State of Montana Residing at Kalispell, Montana My Commission Expires April 3, 2027	Signature of Complainant Subscribed and sworn to before me this <u>39</u> day of <u>3034</u> . Mayrey		
My Commission Expires: April 3.	Notary Public		

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.

As of March 27th 2024 candidate for House District 22 James Whitaker has failed to submit a form C-5 finance statement in accordance with state law

Complaint must be:

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