THE STATE OF MONTANA

Commissioner of Political Practices 1209 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401

Phone: 406-444-2942 Fax: 406-444-1643

www.politicalpractices.mt.gov

ROSTMARKE

OCT 2 5 2023

Campaign Finance and Practices

Complaint Form (08/17)

FOR OFFICE USE ON	
topoj CD josa ganag još u Grad graje Gad	
HANDER VEREN	
SIGNED/NOTARIZED	

i ype or print in ink all int	ormation on t	his form except for verif	cation signature	
Person bringing con	nplaint (Con	nplainant):		
Complete Name		Christopher Burke		·
Complete Mailing Address 122 N Hayden Street, West Yellowstone, MT 59758		Total Control of the		
		PO Box 1506		
Phone Numbers:	Work	406-640-1529	Home Same	W- 24 F (A)
Person or organizati	on against v	whom complaint is b	rought (Respondent):	

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

Complete Name

Complete Mailing Address

PO 335

Phone Numbers: Work

Unknown

Home
Unknown

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

State of Montana, County of I,	Verification by oath or affirmation			
Complaint is complete, true, and correct, to the best of my knowledge and belief. (SEAL) Signature of Complainant Notary Public Notary Public Subscribed and sworn to before me this 5 day of Residing at: West Yellowstone, Montana My Commission Expires:	State of Montana, County of Galbain			
DAVID L RIGHTENOUR Notary Public Notary Public Subscribed and sworn to before me this 35 day of Residing at: West Yellowstone, Montana My Commission Expires: DAVID L RIGHTENOUR Notary Public Subscribed and sworn to before me this 35 day of				
Notary Public My Commission Expires:	DAVID L RIGHTENOUR Notary Public for the State of Montana Residing at: West Yellowstone, Montana My Commission Expires: December 27, 2025 Notary Public Notary Public			

Campaign Finance and Practices Complaint Form

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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.

Attached Mailer

Complaints must be:

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

The attached mailer may not meet the requirements of Title 13, Chapter 35 Elections and campaign practices and criminal provisions. Part 2 Specific provisions or other related rules.

There is no funding source or proper identity noted and the PO Box is not easily known or tracked.

POB 335 West Yellowstone , MT 59758 PRSRT STD U.S. POSTAGE PAID ZIP CODE 59758 PERMIT #101



CHRISTOPHER BURKE PO BOX 1506 WEST YELLOWSTONE MT 59758

