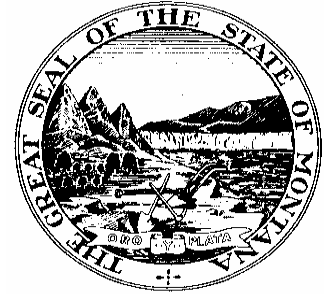


THE STATE OF MONTANA

**Commissioner of Political Practices**  
1209 8th Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
Telephone: 406-444-2942  
Fax Number: 406-444-1643  
Website: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)



## Memorandum Re Form L-2

TO: All Principals  
FROM: Chris J. Gallus, Commissioner

**Principal's Representative:** A Principal's representative (signing authority) should be familiar with the terms of the Principal's agreement with the Lobbyist. This person will personally file or supervise and approve the filing of the necessary lobbying reports on behalf of the Principal. The Principal's representative is the individual to whom important correspondence and inquiries from the Commissioner's office will be addressed.

**E-mail Address:** We communicate via email whenever possible. Be sure to provide an email address that you're sure will be checked regularly.

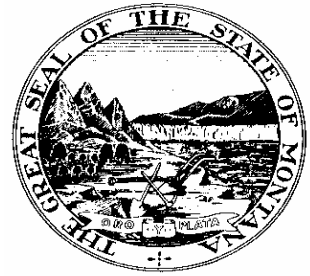
November, 2024

# THE STATE OF MONTANA

## Commissioner of Political Practices 1209 Eighth Avenue

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## Form L-2 Instruction (Revised 11/24) Principal Authorization Statement

### Who is required to file a Form L-2?

A Principal who has made payment(s) or who has agreed to make payments of \$3,000 or more to an individual to promote, oppose, or modify the introduction or enactment of legislation on behalf of the Principal must authorize the individual to represent the Principal by completing a Form L-2.

Registration and licensure of a Lobbyist is not complete until a Lobbyist License Application (Form L-1) is filed, a fee of \$150 is paid, and the Principal Authorization Statement (Form L-2) is filed by the Principal.

### **Please note:**

*The Principal's representative (the signing authority) who completes the L-2 authorization on behalf of the Principal is the individual to whom future correspondence will be addressed.*

### What information is to be reported?

The following information is required:

- Principal's full name, complete business mailing address, name of Principal's representative (signing authority) and the e-mail address and telephone number of the representative;
- applicant's full name, complete business mailing address, e-mail address, and telephone number; and
- specific subjects of legislation the applicant is authorized to promote, oppose, or modify on behalf of the Principal.

### **Please note:**

*The Principal and Lobbyist Dockets must be kept current, so if authorized specific subjects of legislation are added, a Principal is required to file additions by filing an amended Form L-2.*

### When must a Form L-2 be filed?

A Principal must file a Form L-2 within five business days after paying or agreeing to pay \$2,650 or more to an individual to promote, oppose, or modify the introduction or enactment of legislation. The L-2 must be filed to complete the individual lobbyist's registration.

### Where must a Form L-2 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 Principal's records.

*Please detach this instruction page before filing Form L-2*

THE STATE OF MONTANA

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**FOR OFFICE USE ONLY**  
Date Received and Postmark Date

**Form L-2** (Revised 11/24)  
**Principal Authorization Statement**

**Original Filing**                      **Amended Filing**

**Principal Information** (Please Print)

\_\_\_\_\_

**Full Name of Principal**

\_\_\_\_\_

**Complete Business Mailing Address** (including City, State, Zip)

\_\_\_\_\_

**Full Name of Principal's Representative** (*Signing Authority*)

\_\_\_\_\_

**E-Mail Address** (*Signing Authority*)                      **Telephone Number** (*Signing Authority*)

\_\_\_\_\_

**Applicant Information** (Please Print)

\_\_\_\_\_

**Full Name of Applicant**

\_\_\_\_\_

**Complete Business Mailing Address** (Including City, State, Zip)

\_\_\_\_\_

**E-Mail Address**                      **Telephone Number**

\_\_\_\_\_

**Subjects of Legislation the applicant is authorized to Promote, Oppose, or Modify:**

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_

Print Full Name of Representative of Principal                      Print Full Name of Applicant

**to act as a Lobbyist for** \_\_\_\_\_

Print Full Name of Principal

\_\_\_\_\_                      \_\_\_\_\_

Signature of Representative of Principal                      Date