THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

INSTRUCTIONS (Revised 04/08)
FORM C-6
POLITICAL COMMITTEE FINANCE REPORT

WHO IS REQUIRED TO FILE A FORM C-6?

Pursuant to Montana Code Annotated § 13-37-225, each political committee shall file periodic reports of contributions received and expenditures made to or on behalf of candidates for elective office or in support of or opposition to ballot issues.

Each county, municipal, and school district political committee is required to file periodic reports if contributions are received or expenditures made that exceed $500.

Cited in Canyon Ferry Road v. Unsworth, No. 06-35883 archived on March 20, 2009

WHAT INFORMATION IS TO BE REPORTED?

The information requested on Form C-6 is required in accordance with Montana Code Annotated §§ 13-37-225 and 13-37-226 and Administrative Rules of Montana 44.10.531(4). Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual for Political Committees available on the agency website through the "Campaign Finance and Practices" link and then "Committee Information" from the drop down menu.

WHEN MUST A FORM C-6 BE FILED?

Montana Code Annotated §§ 13-37-226 and 13-37-228 provide the schedules for the filing of Form C-6 reports. Reporting calendars also are available on the agency website through the "Campaign Finance and Practices" link and then "Committee Information" from the drop down menu.

WHERE MUST A FORM C-6 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be filed with the Election Administrator of the county in which the committee has its headquarters.
- One copy is to be retained for the committee's records.

Please detach instruction page before filing Form C-6

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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-6 (Revised 04/08)
POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING ☐ **AMENDED FILING** ☐

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

FULL REGISTERED NAME OF COMMITTEE

COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

REPORTING PERIOD

From _____

To _____

☐ Initial Report
☐ Periodic Report
☐ Closing Report
☐ No transactions in period

Cited in Canyon Ferry Road v. Unsworth, No. 06-35883 archived on March 20, 2009

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 **--**) **+** / **--** $ _____

   Subtotal ..... $ _____
4. **EXPENDITURES –** Total paid out this period from Schedule B..... **--** $ _____
5. **CASH IN BANK** – Ending balance this report..... $ _____

CERTIFICATION

I, _____ (Name), _____ (Title), 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.

_____
Signature

NOTE: ***Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.***

SCHEDULE A. **Receipts – This Reporting Period**			**In-Kind** **Description**	**Value**	**Cash or Check** Amount	**Total to Date** Amount
1. Contributions Less Than $35 Each (Total)						
2. Loans Creditor's full name / complete Mailing address *REQUIRED*	**Occupation & Employer** *REQUIRED*	**Loan Date** *Required*				
Name Address City, State, Zip Code	Occupation Employer					
Name Address City, State, Zip Code	Occupation Employer					
Name Address City, State, Zip Code	Occupation Employer					
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts *(Describe)*		**Date** *Required*				
			TOTAL RECEIPTS THIS PAGE			

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IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. **Receipts – This Reporting Period** (continued)		**In-Kind**		**Cash or Check Amount**	**Total to Date Amount**
		Description	**Value**		
4. Political Action Committee Contributions Committee's full registered name and complete mailing address *REQUIRED*	**Date Received** *Required*				
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
		TOTAL RECEIPTS THIS PAGE			

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SCHEDULE A. **Receipts – This Reporting Period** (continued)	**Date Received**	**In-Kind** Description	**In-Kind** Value	**Cash or Check** Amount	**Total to Date** Amount
5. Political Party Committee Contributions Full name and complete mailing address *REQUIRED*	**Date** *Required*				
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
6. Incidental Committee Contributions Full name and complete mailing address *REQUIRED*	**Date** *Required*				
Name Address City, State, Zip Code					
7. Other Political Committee Contributions Full name and complete mailing address *REQUIRED*	**Date** *Required*				
Name Address City, State, Zip Code					
TOTAL RECEIPTS THIS PAGE					

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SCHEDULE A. Receipts – This Reporting Period (continued)

8. Individual Contributors of $35 or More *REQUIRED:* ONE NAME ONLY FOR EACH CONTRIBUTION *REQUIRED*: Full name, complete mailing address, occupation & employer		**In-Kind**		**Cash or Check Amount**	**Total to Date Amount**
		Description	**Value**		
Name Address City, State, Zip Code	Occupation Employer				
Name Address City, State, Zip Code	Occupation Employer				
Name Address City, State, Zip Code	Occupation Employer				
Name Address City, State, Zip Code	Occupation Employer				
Name Address City, State, Zip Code	Occupation Employer				

TOTAL RECEIPTS THIS PAGE

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 – 8) in this total

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SCHEDULE B. **Expenditures – This Reporting Period**	**Purpose**	**Date**	**Amount**	
			PRIMARY	**GENERAL**
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee *REQUIRED*				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				

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SCHEDULE B. **Expenditures – This Reporting Period**	**Purpose**	**Candidate/ Issue**	**Date**	**Amount** PRIMARY	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee *REQUIRED*					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH					
TOTAL EXPENDITURES THIS REPORTING PERIOD **Include all of Schedule B (Sections 1 - 3) in this total**					

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IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor *REQUIRED*	Purpose	Date Incurred	Balance Due PRIMARY	Balance Due GENERAL
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				

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SCHEDULE D. Utilize this section to report **corrections** to receipts, contributions, and expenditures **reported on a prior report.**

Originally Reported on DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED