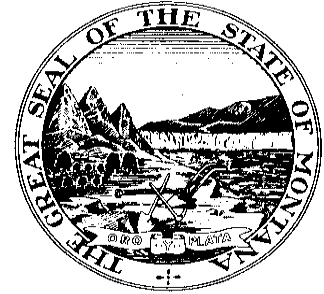


THE STATE OF MONTANA

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



E-MAIL ADDRESS REQUEST

FORM C-1 STATEMENT OF CANDIDATE

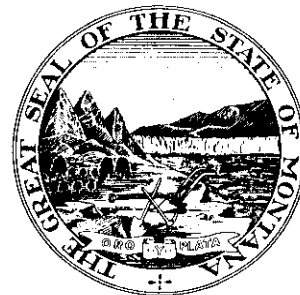
We are continuing to make efforts to reduce agency operating costs. To complement these efforts, I am requesting that each candidate filing a form C-1 Statement of Candidate provide, if available, their e-mail address and their treasurer's e-mail address. Thereafter, communications from this office will be electronic. To go completely paperless, simply navigate to our Featured Online Services from our homepage, and use our on-line candidate filing forms.

Thank you for your assistance.

David B. Gallik
Commissioner

April, 2011

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INSTRUCTIONS (Revised 07/11) FORM C-1 STATEMENT OF CANDIDATE

WHO IS REQUIRED TO FILE A FORM C-1?

All candidates campaigning for statewide and state district offices must file a Form C-1.

WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205, the following information is required to be reported:

- full name, complete mailing address, and complete street address of the treasurer;
- full name, complete mailing address, and complete street address of any deputy treasurer; and
- full name and complete address of the depository in which the campaign account is located.

Please note:

- *A candidate may appoint himself or herself as the campaign treasurer or deputy treasurer. Such an appointment subsequently may be changed by filing an amended Form C-1.*
- *The treasurer of a candidate's campaign is responsible for keeping detailed accounts of all contributions received and expenditures made by the campaign.*
- *The treasurer of a candidate's campaign is the individual to whom correspondence and notices will be sent unless the Commissioner's office is otherwise directed.*

WHEN MUST A FORM C-1 BE FILED?

Form C-1 must be filed within five (5) days after receiving or spending money, appointing a campaign treasurer, or filing for office, whichever occurs first.

WHERE MUST A FORM C-1 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 retained for the candidate's records.

Please detach these instructions before filing Form C-1

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FOR OFFICE USE ONLY

Date Received and Postmark Date

FORM C-1 (Revised 07/11)

STATEMENT OF CANDIDATE

TO BE FILED by CANDIDATE FOR STATEWIDE OR STATE DISTRICT OFFICE

ORIGINAL FILING AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

CANDIDATE		
FULL NAME _____		
E-MAIL ADDRESS (Please Print) _____		
COMPLETE DESCRIPTION OF OFFICE SOUGHT _____		
PARTY AFFILIATION, if any _____		COUNTY OF RESIDENCE _____
COMPLETE MAILING ADDRESS _____ <small>(Including City, State, Zip Code)</small>		
COMPLETE STREET ADDRESS _____ <small>(Including City, State, Zip Code)</small>		
CONTACT NUMBERS: _____		
Home Telephone Number	Work Telephone Number	Facsimile Number
CAMPAIGN TREASURER (Must be registered to vote in Montana)		
FULL NAME _____		
E-MAIL ADDRESS (Please Print) _____		
COMPLETE MAILING ADDRESS _____ <small>(Including City, State, Zip Code)</small>		
COMPLETE STREET ADDRESS _____ <small>(Including City, State, Zip Code)</small>		
CONTACT NUMBERS: _____		
Home Telephone Number	Work Telephone Number	Facsimile Number
DEPUTY TREASURER, if any (Must be registered to vote in Montana)		
FULL NAME _____		
E-MAIL ADDRESS (Please Print) _____		
COMPLETE MAILING ADDRESS _____ <small>(Including City, State, Zip Code)</small>		
COMPLETE STREET ADDRESS _____ <small>(Including City, State, Zip Code)</small>		
CONTACT NUMBERS: _____		
Home Telephone Number	Work Telephone Number	Facsimile Number
CAMPAIGN ACCOUNT INFORMATION		
FULL NAME OF BANK _____		
COMPLETE ADDRESS _____ <small>(Including City, State, Zip Code)</small>		
CERTIFICATION: <i>I hereby verify that the foregoing statements are true and correct.</i>		
Candidate's Signature _____		Date _____