

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-8 (Revised 01/10)
Constituent Services Account Finance Report

ORIGINAL FILING

AMENDED FILING

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

Full name of elected official

Complete mailing address
(Include City, State, Zip Code)

REPORTING PERIOD
From _____
To _____

<input type="checkbox"/>	Initial Report
<input type="checkbox"/>	Periodic Report
<input type="checkbox"/>	Closing Report
<input type="checkbox"/>	No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. Cash in bank – Balance from previous report.....	\$ _____	
2. Bank interest – Total received this period from Schedule A.....	\$ _____	
	Subtotal	\$ _____
4. Expenditures – Total paid out this period from Schedule B.....	-- \$ _____	
5. Cash in bank – Ending balance this report.....	\$ _____	

CERTIFICATION

I, _____, _____, certify the foregoing report of constituent funds with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

Schedule A. Bank Interest Earned this Reporting Period

Date Received	Amount

Total Received: _____

Schedule B. Expenditures - This Reporting Period

PAYEE – Full Name & Complete Mailing Address	Purpose	Date	Amount
_____ Name _____ Address _____ City, State, Zip			
_____ Name _____ Address _____ City, State, Zip			

Schedule B. Expenditures (cont.)

PAYEE - Full Name & Complete Mailing Address	Purpose	Date	Amount
_____ Name _____ Address _____ City, State, Zip			
_____ Name _____ Address _____ City, State, Zip			
_____ Name _____ Address _____ City, State, Zip			
_____ Name _____ Address _____ City, State, Zip			
_____ Name _____ Address _____ City, State, Zip			

Total Expended: _____