



THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

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COMMISSIONER OF
POLITICAL PRACTICES

2012 MAY 21 P 2:45



FORM C-4 (Revised 06/08)
INCIDENTAL POLITICAL COMMITTEE
FINANCE REPORT

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

ORIGINAL FILING
AMENDED FILING

REPORTING PERIOD
From April 4, 2012
To May 14, 2012

- Initial Report
- Periodic Report
- Closing Report
- No new transactions in reporting period

NAME OF INCIDENTAL COMMITTEE

Full Name _____
Complete Mailing Address P.O. Box _____
(City, State, Zip Code)

Cash Summary: Money Received and Spent

| | |
|--|--------------|
| 1. RECEIPTS - Total received and deposited this period from Schedule A..... | \$ 0 |
| 2. CORRECTIONS - Addition or subtraction from Schedule C.....(Circle + or -) | + \$ 0 |
| 3. EXPENDITURES - Total paid out this period from Schedule B..... | \$ 41,005.20 |

This report must be signed by an officer whose name is on the Statement of Organization (Form C-2) on file in the office of the Commissioner of Political Practices.

CERTIFICATION

I, _____, Treasurer _____, certify that 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 _____

THIS FORM MAY BE REPRODUCED

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| SCHEDULE A. Receipts - This Reporting Period | | Date | In-Kind Description | Value | Cash or Check | Total to Date |
|--|------------|---------------|------------------------|-------|------------------|------------------|
| 1. Earmarked Contributions Less Than \$35 Each - Total | | | | | | |
| 2. Earmarked Contributions of \$35 or More. For each contributor: full name, complete mailing address, occupation & employer REQUIRED. ONE NAME ONLY FOR EACH CONTRIBUTION. | | Date Received | | | | |
| Name | Occupation | | | | | |
| Address | Employer | | | | | |
| City, State, Zip | | | | | | |
| Name | Occupation | | | | | |
| Address | Employer | | | | | |
| City, State, Zip | | | | | | |
| Name | Occupation | | | | | |
| Address | Employer | | | | | |
| City, State, Zip | | | | | | |
| 3. Rebates, Refunds, Other Miscellaneous Receipts (Describe) | | Date | | | | |
| | | | | | | |
| | | | | | | |

TOTAL RECEIPTS THIS REPORTING PERIOD

| | |
|--|--|
| | |
|--|--|

SCHEDULE B. Expenditures - This Reporting Period

PLEASE NOTE: If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."

| PAYEE - Full Name & Complete Mailing Address REQUIRED | Purpose Required | Date Received | Amount | |
|--|--------------------|---------------|-------------|---------|
| | | | Primary | General |
| Desumo Strategies, LLC Name 9211 Forest Hill Ave, Suite 207 Address Richmond, VA 23235 City, State, Zip | Mailer | 5/9/2012 | \$19,000.00 | |
| DMAS Name 1936 Lemmon Drive, Suite A Address Billings, MT 59102 City, State, Zip | Postage for Mailer | 5/11/2012 | \$22,865.28 | |

SUBTOTAL OF EXPENDITURES THIS PAGE

\$41,865.28

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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SCHEDULE B. Expenditures - This Reporting Period

PLEASE NOTE: If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."

| PAYEE - Full Name & Complete Mailing Address <i>REQUIRED</i> | Purpose <i>Required</i> | Date <i>Required</i> | Amount | |
|--|-------------------------|----------------------|---------|---------|
| | | | Primary | General |
| SUBTOTAL FORWARD (from previous page) | | | | |
| 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 EXPENDITURES THIS REPORTING PERIOD

SCHEDULE C. Report corrections to receipts, contributions, and expenditures reported on a prior report.

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

Notice: You must follow up with a signed hard copy to CPP.