THE STATE OF MONTANA

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

FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-8 (Revised 01/09)
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 _____

☐ Initial Report
☐ Periodic Report
☐ Closing Report
☐ 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..... $ _____

EXHIBIT 2
DATE 03/28/2013
SB 241

CERTIFICATION

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

THE STATE OF MONTANA

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

FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-8 (Revised 01/09)
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 _____

☐ Initial Report
☐ Periodic Report
☐ Closing Report
☐ 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..... $ _____

EXHIBIT 2
DATE 03/28/2013
SB 241

CERTIFICATION

I, _____ (Name), _____ (Title), 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 (Required)	Amount

Total Received: _____

Schedule B. Expenditures - This Reporting Period

PAYEE – Full Name & Complete Mailing Address *REQUIRED*	Purpose *Required*	Date *Required*	Amount
Name Address City, State, Zip			
Name Address City, State, Zip			

Schedule B. Expenditures (cont.)

PAYEE - Full Name & Complete Mailing Address *(Required)*	Purpose *(Required)*	Date *(Required)*	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: _____