SENATE JUDICIARY
EXHIBIT NO. 1
DATE 3/8/13
BILL NO. HB255

PAC's and Parties

Committee Finance Report Calendar
2012
Primary and General Elections

Report form C-6 must be filed for each reporting period to disclose all transactions, if any that occurred during the specific reporting period.

Filing Deadline	Reporting Period
May 24th	Pre-Primary/ Date of first contribution through May 19th
Within 24 hours (form C-7E)	File only if an expenditure or debt is incurred of $500 or more between May 20th and June 5th
June 25th	Post Primary/May 20th through June 20th
October 25th	Pre-General/June 21st through October 20th
Within 24 hours (form C-7E)	File only if an expenditure or debt is incurred of $500 or more between October 21st and November 6th
November 26th	Post General/October 21st through November 21st
January 31st	*Year-end/ November 22nd through December 31st

*If there is no activity after the post-general election report, then no additional year-end closing report is due by January 31st, 2013.

New Summary Report due October 23rd

or – November 20th

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
www.politicalpractices.mt.gov

FOR OFFICE USE ONLY
Date Received and Postmark Date

Form C-7E (Revised 9/28/09)
Notice of pre-election expenditures
To be filed by political committee

Committee Name _____

Complete Mailing Address _____

_____
(City, State, Zip Code)

TYPE OF COMMITTEE

DATE *(Required)*	Payee Name and Address *(Required)*	Purpose	In-Kind *Description (if applicable)*	Amount	Check P=Primary G=General
	Name Address City, State, Zip				P ☐ G ☐
	Name Address City, State, Zip				P ☐ G ☐
	Name Address City, State, Zip				P ☐ G ☐

This report **must be signed by an officer** whose name is on the Statement of Organization (Form C-2) on file in our office. If you submit online, a signed hard copy must be mailed as well.

Signature _____ Title _____ Date _____

THIS FORM MAY BE REPRODUCED

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

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

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**	**In-Kind** **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				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. **Receipts – This Reporting Period** (continued)		**In-Kind** Description	Value	**Cash or Check Amount**	**Total to Date** Amount
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				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. **Receipts – This Reporting Period** (continued)	**Date Received**	**In-Kind** **Description**	**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				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. **Receipts – This Reporting Period** (continued)		**In-Kind** Description	Value	**Cash or Check Amount**	**Total to Date** Amount
8. Corporate Contribuitons (PAC's & Ballot Issues Only) Full name and mailing address *REQUIRED* *for Independent Expenditures Only!*	**Date Received** *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 RECEIPTS THIS PAGE			

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of $35 or More *REQUIRED*: ONE NAME ONLY FOR EACH CONTRIBUTION *REQUIRED*: Full name, complete mailing address, occupation & employer		**In-Kind** Description	**In-Kind** Value	**Cash or Check Amount**	**Total to Date Amount**
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 – 9) in this total | | |

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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		

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. **Expenditures – This Reporting Period**	**Purpose**	**Candidate/ Issue**	**Date**	**Amount** PRIMARY	GENERAL
4. Corporate 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 -4 in this total		

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				

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

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