

COMMISSIONER OF POLITICAL PRACTICES
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COMMISSIONER OF
POLITICAL PRACTICES

JUN 20 2014

Filed 6/23/14

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

Montanans for Responsible Leadership

FULL REGISTERED NAME OF COMMITTEE

PO Box 3491, Great Falls, MT 59403

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From 5/18/14

To 6/18/14

<input type="checkbox"/>	Initial Report
<input checked="" 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.....	\$ 25,973.46
2. RECEIPTS – Total received and deposited this period from Schedule A.....	\$ 50,650
3. CORRECTIONS – Addition or subtraction from Schedule D..... (Circle: <input checked="" type="radio"/> or -)	\$ 8.10
Subtotal	\$ 76631.56
4. EXPENDITURES – Total paid out this period from Schedule B.....	-\$ 68,960.54
5. CASH IN BANK – Ending balance this report.....	\$ 7671.02

CERTIFICATION

I, Emily Testroff, Deputy Treasurer, 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]
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 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 <u>REQUIRED</u>	Occupation & Employer <u>REQUIRED</u>	Loan Date <u>Required</u>				
_____ 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				
Kintla Copy and Creative- Refund <i>wrong district unaddressed cards</i>		6/10/14		\$6,150.00		

TOTAL RECEIPTS THIS PAGE

\$6,150.00

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 <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Date Received <u>Required</u>				
MT BASE <hr/> Registered Name #151-300 Smelter Ave. Ste 1 Address Great Falls, MT 59404 <hr/> City, State, Zip Code	5/23/14			\$10,000	\$30,000
<hr/> Registered Name <hr/> Address <hr/> City, State, Zip Code					
<hr/> Registered Name <hr/> Address <hr/> City, State, Zip Code					
<hr/> Registered Name <hr/> Address <hr/> City, State, Zip Code					
<hr/> Registered Name <hr/> Address <hr/> City, State, Zip Code					
TOTAL RECEIPTS THIS PAGE				\$10,000	

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SCHEDULE A. Receipts – This Reporting Period (continued)		In-Kind Description Value		Cash or Check Amount	Total to Date Amount
8. Corporate Contributions (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED for <i>Independent Expenditures Only!</i>	Date Received <i>Required</i>				
SEIU Healthcare <hr/> Name 302 N Last Chance Gulch, ste 313 <hr/> Address Helena, MT 59601 <hr/> City, State, Zip Code	5/22/14			10,000.00	10,000.00
Confederated Salish and Kootenai Tribes <hr/> Name PO Box 278 <hr/> Address Pablo, MT 59855 <hr/> City, State, Zip Code	5/22/14			22,000.00	22,000.00
<hr/> Name <hr/> Address <hr/> City, State, Zip Code					
<hr/> Name <hr/> Address <hr/> City, State, Zip Code					
<hr/> Name <hr/> Address <hr/> City, State, Zip Code					
TOTAL RECEIPTS THIS PAGE				\$32,000.00	

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SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	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 <i>REQUIRED</i>	Date Required				
_____ Name _____ Address _____ City, State, Zip Code					
7. Other Political Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	Date Required				
_____ Name _____ Address _____ City, State, Zip Code					

TOTAL RECEIPTS THIS PAGE

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SCHEDULE A. Receipts – This Reporting Period (continued)					
9. Individual Contributors of \$35 or More <i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION <i>REQUIRED:</i> Full name, complete mailing address, occupation & employer		In-Kind		Cash or Check Amount	Total to Date Amount
		Description	Value		
Jacqueline Wheeler Name 952 Beaverhead Rd Address Valier, MT 59486 City, State, Zip Code	Farmer Occupation Self Employer			\$2,500	\$2,500
_____ 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				\$2,500	
TOTAL RECEIPTS THIS REPORTING PERIOD <u>Include ALL of Schedule A (Sections 1 – 9) in this total</u>				\$50,650	

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 <u>REQUIRED</u>				
Kintla Creative and Copy Name 503 Railway Drive, Suite A Address Whitefish, MT 59937 City, State, Zip Code	Direct mail: creative, postage Vance, Essaman, Boulanger Biscelele, Hansen	5/20/14	\$22,500.00	
Kintla Creative and Copy Name 503 Railway Drive, Suite A Address Whitefish, MT 59937 City, State, Zip Code	Direct mail: creative, postage Usher, Hinkle, Boulanger, Hebert Brown, Moran, Graham Laszloffy, Essaman, Monforten, Wagner, Erb Miller, Delciello	5/27/14	\$42,500.00	
Kintla Creative and Copy Name 503 Railway Drive, Suite A Address Whitefish, MT 59937 City, State, Zip Code	Facebook ads: creative, distribution Hansen, Miller, Hinkle, Brown, Graham Erb, Boulanger, Hebert, Monforten Wagner, Delciello, Vance, Usher Laszloffy	6/10/14	\$3,910.54	
First Interstate Bank Name 2601 10th Ave S Address Great Falls, MT 59404 City, State, Zip Code	Wiring fee	5/20/14	\$25.00	
First Interstate Bank Name 2601 10th Ave S Address Great Falls, MT 59404 City, State, Zip Code	Wiring fee	5/27/14	\$25.00	
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH			\$68,960.54	

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 <u>REQUIRED</u>					
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				68,960.54	

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 <u>REQUIRED</u>					
_____ 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					
_____ 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				68,960.54	

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 <i>REQUIRED</i>	Purpose	Date Incurred	Balance Due	
			PRIMARY	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 <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u> .				
Originally Reported on DATE		SCHEDULE	As Originally Reported	Explain Correction
5/1/14	B		FIB Checks: \$25	FIB Checks \$27.50 (\$2.50)
	B(total)		\$11,126.54	Typographical errors, adding error: \$11,115.94(\$10.60)

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