

# **CANDIDATE'S MANUAL**

## **2012**

### **FLATHEAD COUNTY ELECTION DEPARTMENT**

#### **HIGHLIGHTS**

- ◆ **CANDIDATE FILING INFORMATION**
- ◆ **2012 ELECTION CALENDAR**
- ◆ **COMMISSIONER OF POLITICAL PRACTICES**
- ◆ **FORMS AND NOTICES**

**FLATHEAD COUNTY  
CANDIDATE MANUAL**

**2012**

**ELECTION ADMINISTRATOR**

**PAULA ROBINSON**

(406) 758-5530

robinson@flathead.mt.gov

**ELECTION SERVICES MANAGER**

**MONICA EISENZIMER**

(406) 758-2453

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**MISSION STATEMENT**

*Protect and promote accurate and impartial free and open elections while encouraging active participation by all citizens of Flathead County.*

# CANDIDATE FILING INFORMATION

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In a partisan election, an elector may not file a declaration for more than one party. A candidate may not file for more than one public office. This does not include precinct committeemen and committeewomen candidates.

## CANDIDATES FOR FEDERAL AND STATE OFFICE

Contact the Secretary of State Office in order to determine eligibility and/or file for Federal and State offices.

### OFFICES & FILING FEES FOR THE 2012 BALLOT TO BE FILED WITH THE SECRETARY OF STATE

1-888-884-8683 ~ <http://sos.mt.gov>

Anyone who wishes to run in the primary election as a member of a qualified political party must file with the Secretary of State's Office anytime between 8 a.m. on January 12 and 5 p.m. on March 12, 2012. Filing forms are available from the Secretary of State's office.

**NO FILING FEE**                      **U.S. PRESIDENT & VICE PRESIDENT** - (4 year term) Candidates must be at least 35 years old, a natural born citizen, and a US Citizen for at least 14 years

**FILING FEE - \$1740.00 \***                      **U.S. SENATOR** - (6 year term) candidates must be at least 30 years old, a U.S. citizen for at least 9 years, and a resident of Montana.

\*Estimate based on 2010 data. Filing fee will be based on confirmed 2012 salary. Please check the Secretary of State's website for current information.

**FILING FEE - \$1740.00\***                      **U.S. REPRESENTATIVE** - (2 year term), candidates must be at least 25 years old, a U.S. citizen for at least 7 years, and a resident of Montana.

\*Estimate based on 2010 data. Filing fee will be based on confirmed 2012 salary. Please check the Secretary of State's website for current information.

**FILING FEE - \$1945.29**                      **GOVERNOR & LIEUTENANT GOVERNOR** - (4 year term) Candidates must be at least 25 years old, a US Citizen, and a resident of Montana for at least 2 years.

**FILING FEE - \$860.18**                      **SECRETARY OF STATE** - (4 year term) Candidates must be at least 25 years old, a US Citizen, and a resident of Montana for at least 2 years.

**FILING FEE - \$1040.77**                      **ATTORNEY GENERAL** - (4 year term) Candidates must be at least 25 years old, a US Citizen, a resident of Montana for at least 2 years, and a practicing attorney for at least 5 years.

**FILING FEE - \$860.018**                      **STATE AUDITOR** - (4 year term) Candidates must be at least 25 years old, a US Citizen, and a resident of Montana for at least 2 years.

**FILING FEE - \$1046.35**      **SUPERINTENDENT OF PUBLIC INSTRUCTION** - (4 year term) Candidates must be at least 25 years old, a US Citizen, and a resident of Montana for at least 2 years, and carry a bachelor's degree.

**FILING FEE - \$852.12**      **CLERK OF SUPREME COURT (6 year term)** Candidates must be at least 18 years old, a U.S. Citizen and a resident of Montana.

**FILING FEE - \$1214.34**      **SUPREME COURT JUSTICE #5**  
**SUPREME COURT JUSTICE #6**  
(8 year term) Candidates must be at least 18 years old, a US Citizen, a resident of Montana for at least 2 years, and a practicing attorney for at least 5 years.

**FILING FEE - \$1139.28**      **DISTRICT COURT JUDGE, DISTRICT 11, DEPT 1**  
**DISTRICT COURT JUDGE, DISTRICT 11, DEPT 2**  
**DISTRICT COURT JUDGE, DISTRICT 11, DEPT 3**  
(6 year term) Candidates must be at least 18 years old, a U.S. citizen, a resident of Montana for at least 2 years, and a practicing attorney for at least 5 years.

**FILING FEE - \$15**      **STATE SENATOR** - 4 year terms, Candidates must be at least 18 years old, resident of Montana for at least 1 year, and a resident of the county and/or district they seek to represent for at least 6 month preceding the election.

District 2  
District 3  
District 6 - Precinct 24

**FILING FEE - \$15**      **STATE REPRESENTATIVE** - 2 year term, seats are available in all 100 districts. Qualifications are the same as for State Senator. Flathead County has Representative Districts 3 -11.

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## **GENERAL QUALIFICATIONS FOR COUNTY OFFICE**

[7-4-2201](#) MCA A person is not eligible for a county office who at the time of election is not:

- (1) of the voting age required by the Montana constitution;
- (2) a citizen of Montana; and
- (3) (a) an elector of the county in which the duties of the office are to be exercised; or  
(b) in the case of an office consolidated between two or more counties, an elector in one of the counties in which the duties of the office are to be exercised.

## **FILING FEES**

[13-10-202](#) MCA: Filing fees are as follows:

1. For offices having an annual salary of \$2,500 or less and candidates for the legislature, \$15
2. For county offices having an annual salary of more than \$2,500, 0.5% of the total annual salary;
3. For other offices having an annual salary of more than \$2,500, 1% of the total annual salary;
4. For offices in which compensation is paid in fees, \$10
5. For officers of political parties, presidential electors, and officers who receive no salary or fees, no filing fee is required.

[13-10-204](#) MCA Write-in nominations: (1) An individual nominated by having the individual's name written in and counted as provided in [13-15-206](#)(5) or otherwise placed on the primary ballot and desiring to accept the nomination may not have the individual's name appear on the general election ballot unless the individual:

- (a) received at least 5% of the total votes cast for the successful candidate for the same office at the last general election;
  - (b) files with the secretary of state or election administrator, no later than 10 days after the official canvass, a written declaration indicating acceptance of the nomination; and
  - (c) complies with the provisions of [13-37-126](#).
- (2) A write-in candidate who was exempt from filing a declaration of intent under [13-10-211](#) shall, at the time of filing the declaration of acceptance, pay the filing fee specified in [13-10-202](#) or, if indigent, file the appropriate documents described in [13-10-203](#).





# MONTANA 2012 CANDIDATE CALENDAR

Montana Secretary of State Linda McCulloch

Elections and Government Services Division

[sos.mt.gov](http://sos.mt.gov) ? [soselections@mt.gov](mailto:soselections@mt.gov)

|                                           |                                                                                                                                                                                                                                                             |                                                                                      |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>January 12</b>                         | First day for candidates to file for office                                                                                                                                                                                                                 | <a href="#">13-10-201</a>                                                            |
| <b>March 5</b>                            | Deadline for independent, minor party, indigent, new political party and major party presidential signed petitions to be submitted to election administrators; additional signatures (if necessary) may be submitted up to the March 12 deadline for filing | <a href="#">13-10-405</a><br><a href="#">13-10-503</a><br><a href="#">13-10-601</a>  |
| <b>March 12</b>                           | Deadline for candidates to file for office                                                                                                                                                                                                                  | <a href="#">13-10-201</a>                                                            |
|                                           | Deadline for candidates to withdraw primary election candidacy                                                                                                                                                                                              | <a href="#">13-10-325</a>                                                            |
|                                           | Deadline for county election administrators to file verified independent, minor party, indigent, new political party, and major party presidential petitions with Secretary of State                                                                        | <a href="#">13-10-201</a><br><a href="#">13-10-503</a><br><a href="#">13-10-601</a>  |
| <b>Within 5 days of filing for office</b> | Candidates must file appropriate paperwork with Commissioner of Political Practices in order for their names to appear on ballot                                                                                                                            | <a href="#">13-37-201</a>                                                            |
| <b>After March 12</b>                     | Election administrators determine whether nonpartisan primary local elections and parties' primary local elections need to be held                                                                                                                          | <a href="#">13-10-209</a><br><a href="#">13-14-115</a>                               |
| <b>April 27</b>                           | Deadline for write-in candidates to file a Declaration of Intent for the primary election                                                                                                                                                                   | <a href="#">13-10-211</a>                                                            |
| <b>May 6</b>                              | Legislative candidates must live in appropriate legislative district (for 6 months next preceding General Election)                                                                                                                                         | <a href="#">Article V</a><br><a href="#">Section 4,</a><br><a href="#">MT Const.</a> |
| <b>June 5</b>                             | <b>PRIMARY NOMINATING ELECTION</b>                                                                                                                                                                                                                          | <a href="#">13-1-107(1)</a>                                                          |
| <b>By June 19</b>                         | County canvass completed, official results are certified                                                                                                                                                                                                    | <a href="#">13-15-401</a>                                                            |
| <b>Within 5 days of official canvass</b>  | Deadline for candidates to initiate contest of primary election nomination (after county or state canvass, as applicable)                                                                                                                                   | <a href="#">13-36-102(1)</a>                                                         |
|                                           | Deadline for unsuccessful primary election candidates to apply for a recount (after county or state canvass, as applicable)                                                                                                                                 | <a href="#">13-16-201</a><br><a href="#">13-16-301</a>                               |
| <b>Within 10 days of official canvass</b> | Deadline for successful primary write-in nominees to file a written Declaration of Acceptance (after county or state canvass, as applicable)                                                                                                                | <a href="#">13-10-204</a>                                                            |
| <b>By July 2</b>                          | State canvass must be completed, official results are certified                                                                                                                                                                                             | <a href="#">13-15-502</a>                                                            |
| <b>August 13</b>                          | Deadline for candidates to withdraw general election candidacy                                                                                                                                                                                              | <a href="#">13-10-325</a>                                                            |
| <b>August 15</b>                          | Deadline for presidential independent and presidential minor party candidates to submit signed petitions for nomination to county election administrators; additional signatures (if necessary) may be submitted up to the August 22 deadline               | <a href="#">13-10-504</a>                                                            |
| <b>August 22</b>                          | Deadline for presidential independent and presidential minor party candidates to file declaration for nomination with the Secretary of State                                                                                                                | <a href="#">13-10-504</a>                                                            |
|                                           | Deadline for county election administrators to file verified presidential independent and presidential minor party candidates' petitions with Secretary of State                                                                                            | <a href="#">13-10-504</a>                                                            |
| <b>September 28</b>                       | Deadline for write-in candidates to file a Declaration of Intent for the general election                                                                                                                                                                   | <a href="#">13-10-211</a>                                                            |
| <b>November 6</b>                         | <b>FEDERAL GENERAL ELECTION</b>                                                                                                                                                                                                                             | <a href="#">13-1-104(1)</a>                                                          |
| <b>By November 20</b>                     | County canvass completed                                                                                                                                                                                                                                    | <a href="#">13-15-401</a>                                                            |
| <b>Within 5 days of official canvass</b>  | Deadline for unsuccessful general election candidates to apply for a recount (after county or state canvass, as applicable)                                                                                                                                 | <a href="#">13-16-201</a><br><a href="#">13-16-301</a>                               |
| <b>Within 10 days of official canvass</b> | Deadline for successful general write-in candidates to file a written Declaration of Acceptance (after county or state canvass, as applicable)                                                                                                              | <a href="#">13-10-204</a>                                                            |
| <b>By December 3</b>                      | State canvass must be completed, official results are certified                                                                                                                                                                                             | <a href="#">13-15-502</a>                                                            |



## GENERAL INFORMATION FOR CANDIDATES

Montana Secretary of State Linda McCulloch  
Elections and Government Services Division  
[sos.mt.gov](http://sos.mt.gov) ? [soselections@mt.gov](mailto:soselections@mt.gov)

### Filing for Office

Pursuant to [13-10-201](#), MCA, in a partisan election, an individual may not file a Declaration for Nomination or a Declaration of Intent for more than one political party. A candidate may not file for more than one public office. (This does not include precinct committeemen and committeewomen candidates.) Individuals cannot file for nonpartisan offices as independent candidates or as political party candidates.

Candidates who file with the Secretary of State (except write-in candidates) can file online at [sos.mt.gov/Elections/Filing](http://sos.mt.gov/Elections/Filing) or can download filing forms at [sos.mt.gov/Elections/Filing](http://sos.mt.gov/Elections/Filing) beginning when the candidate filing period opens.

### Filing Fees

Under [13-10-202](#), MCA:

- (1) for offices having an annual salary of \$2,500 or less and candidates for the legislature, \$15;
- (2) for county offices having an annual salary of more than \$2,500, 0.5% of the total annual salary;
- (3) for other offices having an annual salary of more than \$2,500, 1% of the total annual salary;
- (4) for offices in which compensation is paid in fees, \$10;
- (5) for officers of political parties, presidential electors and officers who receive no salary or fees, no filing fee is required.

### Write-in Candidates

Pursuant to [13-15-206](#), MCA, a write-in vote may only be counted if the oval, box, or other designated voting area on the ballot is marked.

For a primary election, declared write-in candidates for partisan offices file as party candidates; for a general election write-in candidates do not file with a partisan, nonpartisan or independent designation.

Under [13-10-211](#), MCA, if there are declared candidates for a position, a write-in candidate running for an office must file a Declaration of Intent and pay the filing fee at the time of filing, in order for the candidate's write-in votes to be counted. However, if an election is held and a write-in candidate is qualified for and seeks the office for which the candidate is written in, and no candidate has filed for the office (including any declared write-in candidate), a Declaration of Intent does not have to be filed for the write-in votes to be counted.

Under [13-10-204](#), MCA, in order to accept a primary nomination, a write-in nominee must file a written Declaration of Acceptance; have received at least 5% of the total votes cast for the successful candidate for the same office at the last general election; comply with [13-37-126](#), MCA; and have paid the filing fee at the time of filing, unless claiming indigency under [13-10-203](#), MCA, or if exempt from filing under [13-10-211\(7\)](#), MCA (in which case the candidate shall pay the filing fee at the time of nomination).

Under [13-15-111](#), MCA, a write-in candidate who receives the most votes in a general election must file a written Declaration of Acceptance; comply with the provisions of [13-37-126](#), MCA; and pay the filing fee if not already required to have paid it at the time of filing, or if claiming indigency comply with [13-10-203](#), MCA.

### Term Limits

For information on term limits, visit [sos.mt.gov/Elections/Term\\_Limits](http://sos.mt.gov/Elections/Term_Limits).

### Campaign Finance - Commissioner of Political Practices

Statement of Candidate Form must be filed with the Commissioner of Political Practices within 5 days of filing for office. This form may be found at [politicalpractices.mt.gov](http://politicalpractices.mt.gov).

Information for filing reports of campaign contributions and expenditures is provided by the Commissioner of Political Practices. You may contact the Commissioner's office at 406-444-2942.



# Declaration for Nomination and Oath of Candidacy - County and Municipal offices

Filing for office of: \_\_\_\_\_  \_\_\_\_\_  Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or PO Box City Zip

Residence Address: \_\_\_\_\_  
Street City Zip

County of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

**FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:**

Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

**OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:**

*I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.*

\_\_\_\_\_  
Signature of Candidate Date

**NOTARY OR AUTHORIZED OFFICER**

State of Montana  
County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

*Printed Name of Candidate*

\_\_\_\_\_  
Signature of Notary or Public Official  
[Montana notaries must complete the following if not part of stamp at left]

\_\_\_\_\_  
Printed Name of Notary Public  
Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_

**Where to file for Flathead County, City and most Local District offices:**  
Flathead County Election Department  
800 S Main St  
Kalispell, MT 59901

THE STATE OF MONTANA

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**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](http://www.politicalpractices.mt.gov)



**E-MAIL ADDRESS REQUEST**  
**FORM C-1-A STATEMENT OF CANDIDATE**

We are continuing to make efforts to reduce agency operating costs. To complement these efforts, I am requesting that each candidate filing a form C-1-A Statement of Candidate provide, if available, their e-mail address and their treasurer's e-mail

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address. Thereafter, communications from this office will be electronic. To go completely paperless, simply navigate to our Featured Online Services from our homepage, and use our new on-line candidate filing forms.

Thank you for your assistance.

David B. Gallik  
Commissioner

July, 2011

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](http://www.politicalpractices.mt.gov)



## INSTRUCTIONS (Revised 01/10) FORM C-1-A STATEMENT OF CANDIDATE

### WHO IS REQUIRED TO FILE A FORM C-1-A?

- All candidates campaigning for county and municipal offices must file a Form C-1-A.
- All candidates campaigning for school trustee offices in first-class districts located in counties with populations of 15,000 and more or in county high school districts having student enrollments of 2,000 or more must file a Form C-1-A.

### WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205, the following information is required to be reported:

- full name, complete mailing address, and complete street address of the treasurer;
- full name, complete mailing address, and complete street address of any deputy treasurer; and
- full name and complete address of the depository in which the campaign account is located.

#### Please note:

- *A candidate may appoint himself or herself as the campaign treasurer or deputy treasurer. Such an appointment subsequently may be changed by filing an amended Form C-1-A.*
- *The treasurer of a candidate's campaign is responsible for keeping detailed accounts of all contributions received and expenditures made by the campaign.*
- *The treasurer of a candidate's campaign is the individual to whom correspondence and notices will be sent unless the Commissioner's office is otherwise directed.*
- *A separate bank account must be established for a campaign in which any funds, including the candidate's personal funds, will be received or spent, that is, if Box B or C is checked on the Affidavit of Reporting Status on Form C-1-A.*

*In accordance with 44.10.407 Administrative Rules of Montana, if Box B has been checked and more than \$500 subsequently is received and/or expended, an initial financial report (Form C-5) must be filed within five (5) days of exceeding \$500 and financial reports must be filed according to schedule.*

### WHEN MUST A FORM C-1-A BE FILED?

A Form C-1-A must be filed within five (5) days after receiving or spending money, appointing a campaign treasurer, or filing for office, whichever occurs first.

### WHERE MUST A FORM C-1-A BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be filed with the Election Administrator of the candidate's resident county or, in the case of a school election, with the district clerk.
- One copy is to be retained for the candidate's records.

Date Received and Postmark Date \_\_\_\_\_

**COMMISSIONER OF POLITICAL PRACTICES**

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

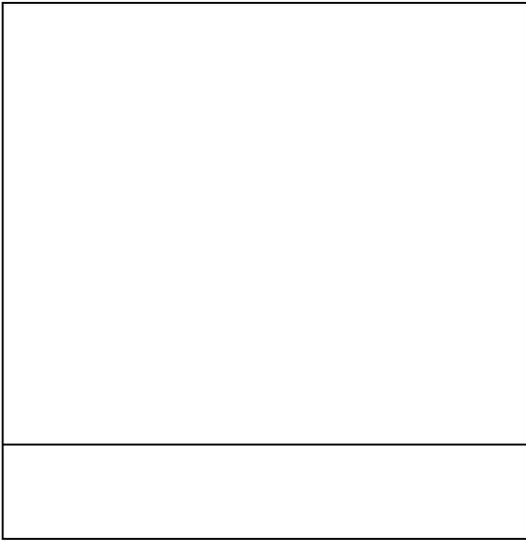
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

**Form C-1-A** (Revised 07/11)

**Statement of Candidate**

TO BE FILED by CANDIDATE for COUNTY, MUNICIPAL or SCHOOL OFFICE

ORIGINAL FILING  UNDATED FILING



TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

FULL NAME OF CANDIDATE \_\_\_\_\_

COMPLETE DESCRIPTION OF OFFICE SOUGHT \_\_\_\_\_

PARTY AFFILIATION, if any \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

E-Mail Address (Please Print) \_\_\_\_\_ Home Telephone \_\_\_\_\_ phone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

FULL NAME OF CAMPAIGN TREASURER \_\_\_\_\_  
(Must be registered to vote in Montana)

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

E-Mail Address (Please Print) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

FULL NAME OF DEPUTY TREASURER, if any \_\_\_\_\_  
(Must be registered to vote in Montana)

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

E-Mail Address (Please Print) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

**CAMPAIGN ACCOUNT INFORMATION**

FULL NAME OF BANK \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

**AFFIDAVIT OF REPORTING STATUS** (Check one) *If B or C box is checked, a treasurer and bank must be designated.*

- A  I certify that I will not receive or expend any funds (including personal funds) in support of my candidacy for above office.
- B  I certify that I expect the total amount of contributions or expenditures will not exceed \$500 (including personal funds); however, if more than \$500 is received and/or expended, within 5 days of reaching this threshold I will file an initial financial report (form C-5) and I will file additional financial reports according to schedule.
- C  I expect to receive contributions and/or make expenditures exceeding \$500 (including personal funds). I will file financial reports (form C-5) according to schedule.

**CERTIFICATION:** I hereby verify that the foregoing statements are true and correct.

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

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](http://www.politicalpractices.mt.gov)



# INSTRUCTIONS (Revised 06/03)

## FORM C-5

### CANDIDATE CAMPAIGN FINANCE REPORT

#### WHO IS REQUIRED TO FILE A FORM C-5?

Pursuant to Montana Code Annotated § 13-37-225, each candidate for statewide and state district offices shall account for all contributions received and expenditures made by or on behalf of the candidate by filing periodic reports. A report must be filed even if no money has been received or expended.

Each candidate for county, municipal, and class one school district trustee offices are required to file periodic reports if contributions received, including personal funds, exceed \$500 or if expenditures exceed \$500.

#### WHAT INFORMATION IS TO BE REPORTED?

The information requested on Form C-5 is required in accordance with Montana Code Annotated §§ 13-37-225 and 13-37-226. Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual available on the agency website through the "Campaign Finance and Practices" link and then "Candidate Information" from the drop down menu.

#### WHEN MUST A FORM C-5 BE FILED?

Reporting calendars for the filing of Form C-5 also are available on the agency website through the "Campaign Finance and Practices" link and then "Candidate Information" from the drop down menu.

#### WHERE MUST A FORM C-5 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be filed with the Election Administrator of the candidate's resident county by all candidates other than school trustee candidates.
- One copy is to be filed with the school clerk by school trustee candidates.
- One copy is to be retained for the candidate's records.

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](http://www.politicalpractices.mt.gov)

**FOR OFFICE USE ONLY**  
 Date Received and Postmark Date

**FORM C-5** (Revised 08/08)  
**CANDIDATE CAMPAIGN FINANCE REPORT**

ORIGINAL FILING  OR

AMENDED FILING

REPORTING PERIOD: From \_\_\_\_\_ To \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 |                          |                |                          |                 |                          |                |                          |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|---------------------------|
| <p>FULL NAME OF CANDIDATE _____</p> <p>COMPLETE MAILING ADDRESS _____<br/> <i>(Include City, State, Zip Code)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required)</b></p>                                                                                                         | <table border="1"> <tr><td><input type="checkbox"/></td><td>Initial Report</td></tr> <tr><td><input type="checkbox"/></td><td>Periodic Report</td></tr> <tr><td><input type="checkbox"/></td><td>Closing Report</td></tr> <tr><td><input type="checkbox"/></td><td>No transactions in period</td></tr> </table> | <input type="checkbox"/> | Initial Report | <input type="checkbox"/> | Periodic Report | <input type="checkbox"/> | Closing Report | <input type="checkbox"/> | No transactions in period |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Initial Report                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                 |                          |                |                          |                 |                          |                |                          |                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Periodic Report                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 |                          |                |                          |                 |                          |                |                          |                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Closing Report                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                 |                          |                |                          |                 |                          |                |                          |                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No transactions in period                                                                                                                                              |                                                                                                                                                                                                                                                                                                                 |                          |                |                          |                 |                          |                |                          |                           |
| <p><b>CASH SUMMARY: MONEY RECEIVED AND SPENT</b></p> <p>1. <b>CASH IN BANK</b> - Balance from previous report.??????????????</p> <p>2. <b>RECEIPTS</b> - Total received and deposited this period from Schedule A???</p> <p>3. <b>CORRECTIONS</b> - Addition or subtraction from Schedule D ( <u>Circle</u>: + or -- )</p> <p style="text-align: center;"><b>Subtotal??..</b></p> <p>4. <b>EXPENDITURES</b> - Total paid out this period from Schedule B.??????</p> <p>5. <b>CASH IN BANK</b> - Ending balance this report?????????????????..</p> | <p style="text-align: center;"><b>PRIMARY</b></p> <p>\$ _____</p> <p>\$ _____</p> <p>+ _____</p> <p>-- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p> | <p style="text-align: center;"><b>GENERAL</b></p> <p>\$ _____</p> <p>\$ _____</p> <p>+ _____</p> <p>-- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>                                                                                                                                          |                          |                |                          |                 |                          |                |                          |                           |

**CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_, 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.

Name Title

\_\_\_\_\_  
Signature

*NOTE: Report MUST BE SIGNED by the candidate or candidate's treasurer whose name is on the Statement of Candidate form on file in the office of the Commissioner of Political Practices.*



| <b>SCHEDULE A.</b><br><b>Receipts - This Reporting Period</b> (continued)                                                           | Date<br>Received<br><i>Required</i> | In-Kind<br>Description & Value |         | Cash or Check<br>Amount |         | Total to Date<br>Amount |         |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|---------|-------------------------|---------|-------------------------|---------|
|                                                                                                                                     |                                     | PRIMARY                        | GENERAL | PRIMARY                 | GENERAL | PRIMARY                 | GENERAL |
| <b>5. Political Action Committee Contributions</b><br>Committee's full registered name and complete mailing address <u>REQUIRED</u> |                                     |                                |         |                         |         |                         |         |
| _____<br>Registered Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                      |                                     |                                |         |                         |         |                         |         |
| _____<br>Registered Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                      |                                     |                                |         |                         |         |                         |         |
| _____<br>Registered Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                      |                                     |                                |         |                         |         |                         |         |
| _____<br>Registered Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                      |                                     |                                |         |                         |         |                         |         |
| _____<br>Registered Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                      |                                     |                                |         |                         |         |                         |         |
| _____<br>Registered Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                      |                                     |                                |         |                         |         |                         |         |
| <b>TOTAL RECEIPTS THIS PAGE</b>                                                                                                     |                                     |                                |         |                         |         |                         |         |

| <b>SCHEDULE A.</b><br><b>Receipts - This Reporting Period</b> (continued)                                 | <b>Date Received</b> | <b>In-Kind Description &amp; Value</b> |                | <b>Cash or Check Amount</b> |                | <b>Total to Date Amount</b> |                |
|-----------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------|----------------|-----------------------------|----------------|-----------------------------|----------------|
|                                                                                                           |                      | <b>PRIMARY</b>                         | <b>GENERAL</b> | <b>PRIMARY</b>              | <b>GENERAL</b> | <b>PRIMARY</b>              | <b>GENERAL</b> |
| <b>6. Political Party Committee Contributions</b><br>Full name & complete mailing address <i>REQUIRED</i> | <b>Date Required</b> |                                        |                |                             |                |                             |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                       |                      |                                        |                |                             |                |                             |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                       |                      |                                        |                |                             |                |                             |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                       |                      |                                        |                |                             |                |                             |                |
| <b>7. Incidental Committee Contributions</b><br>Full name & complete mailing address <i>REQUIRED</i>      | <b>Date Required</b> |                                        |                |                             |                |                             |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                       |                      |                                        |                |                             |                |                             |                |
| <b>8. Other Political Committee Contributions</b><br>Full name & complete mailing address <i>REQUIRED</i> | <b>Date Required</b> |                                        |                |                             |                |                             |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                       |                      |                                        |                |                             |                |                             |                |
| <b>TOTAL RECEIPTS THIS PAGE</b>                                                                           |                      |                                        |                |                             |                |                             |                |

| <b>SCHEDULE A. Receipts - This Reporting Period</b> (continued)                                                                                                          |                                          |                                            |                |                                 |                |                                 |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------|----------------|---------------------------------|----------------|---------------------------------|----------------|
| <b>9. Individual Contributors of \$35 or More</b><br><i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION<br>Full name, complete mailing address, occupation, & employer |                                          | <b>In-Kind<br/>Description &amp; Value</b> |                | <b>Cash or Check<br/>Amount</b> |                | <b>Total to Date<br/>Amount</b> |                |
|                                                                                                                                                                          |                                          | <b>PRIMARY</b>                             | <b>GENERAL</b> | <b>PRIMARY</b>                  | <b>GENERAL</b> | <b>PRIMARY</b>                  | <b>GENERAL</b> |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                                                                      | _____<br>Occupation<br>_____<br>Employer |                                            |                |                                 |                |                                 |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                                                                      | _____<br>Occupation<br>_____<br>Employer |                                            |                |                                 |                |                                 |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                                                                      | _____<br>Occupation<br>_____<br>Employer |                                            |                |                                 |                |                                 |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                                                                      | _____<br>Occupation<br>_____<br>Employer |                                            |                |                                 |                |                                 |                |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                                                                                      | _____<br>Occupation<br>_____<br>Employer |                                            |                |                                 |                |                                 |                |
| <b>TOTAL RECEIPTS THIS PAGE</b>                                                                                                                                          |                                          |                                            |                |                                 |                |                                 |                |
| <b>TOTAL RECEIPTS THIS REPORTING PERIOD</b><br>Include ALL of Schedule A (Sections 1 - 9) in this total                                                                  |                                          |                                            |                |                                 |                |                                 |                |

| SCHEDULE B.<br>Expenditures - This Reporting Period                                                      | Purpose | Date | Amount  |         |
|----------------------------------------------------------------------------------------------------------|---------|------|---------|---------|
|                                                                                                          |         |      | PRIMARY | GENERAL |
| <b>1. PETTY CASH Expenditures</b> (TOTAL THIS PERIOD)                                                    |         |      |         |         |
| <b>2. All Other Expenditures</b><br>Full name and complete mailing address of each payee <u>REQUIRED</u> |         |      |         |         |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                      |         |      |         |         |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                      |         |      |         |         |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                      |         |      |         |         |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                      |         |      |         |         |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code                                      |         |      |         |         |

**TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH**

**TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

| <b>SCHEDULE C. Debts and Loans Not Yet Paid</b>                         |         |               |             |         |
|-------------------------------------------------------------------------|---------|---------------|-------------|---------|
| Full name and complete mailing address of each creditor <u>REQUIRED</u> | Purpose | Date Incurred | Balance Due |         |
|                                                                         |         |               | PRIMARY     | GENERAL |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code     |         |               |             |         |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code     |         |               |             |         |
| _____<br>Name<br>_____<br>Address<br>_____<br>City, State, Zip Code     |         |               |             |         |

| <b>SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report.</u></b> |                        |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|
| Originally Reported on<br>DATE                                                                                                                       | As Originally Reported | Explain Correction |
|                                                                                                                                                      |                        |                    |
|                                                                                                                                                      |                        |                    |
|                                                                                                                                                      |                        |                    |

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

# County Candidates

## Candidate Finance Report Calendar

### 2012 Primary and General Elections

Report form C-5 must be filed for each reporting period to disclose all transactions, if any that occurred during the specific reporting period.

| <b>Filing Deadline</b>    | <b>Reporting Period</b>                                                                                                                                                                                                                 |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| May 24 <sup>th</sup>      | Pre-Primary/ Date of first contribution through May 19 <sup>th</sup>                                                                                                                                                                    |
| Within 48 hours           | File only if a \$100 contribution from a single source is received between May 20 <sup>th</sup> and June 5 <sup>th</sup>                                                                                                                |
| June 25 <sup>th</sup>     | Post Primary/May 20 <sup>th</sup> through June 20 <sup>th</sup>                                                                                                                                                                         |
| October 25 <sup>th</sup>  | Pre-General/June 21 <sup>st</sup> through October 20 <sup>th</sup>                                                                                                                                                                      |
| Within 48 hours           | File only if a \$100 contribution from a single source is received between October 20 <sup>th</sup> and November 6 <sup>th</sup>                                                                                                        |
| November 26 <sup>th</sup> | Post General/October 21 <sup>st</sup> through November 21 <sup>st</sup><br>(May also be the closing report if all debts are paid and no more campaign activity is anticipated; otherwise a closing report must be <i>filed later.</i> ) |

## CAMPAIGN SIGNS

### IN CITY LIMITS:

#### COLUMBIA FALLS

Signs supporting a candidate or event may be erected not more than thirty (30) days prior to the event or election, and must be removed not more than one week after. Signs may be 12 square feet in size.

#### KALISPELL

Signs that do not require permits signs advocating support for a candidate or ballot issue. Individual signs not to exceed six (6) square feet per sign face in residential districts and sixteen (16) square feet per sign face in other districts and erected not more than thirty (30) days prior to, and removed not more than one week after, the election or event to which the sign pertains.

#### WHITEFISH

Signs supporting a candidate or event may be erected not more than forty-five (45) days prior to the election or event, and must be removed not more than one week after. Signs may be 12 square feet in size.

### COUNTY LIMITS - ZONED AREAS ONLY!

(Check property with Flathead County Planning and Zoning Office 758-5965 to verify if zoned or not!) (per Smith 6-29-00)

Candidates are exempt from a permit if the sign is no larger than 32 square feet or 4'x8'.

Signs cannot be put up earlier than thirty (30) days prior to the election. Signs must be removed no later than one week after the election.

If signs are larger or posted for an extended period, a permit must be obtained from the Flathead County Planning and Zoning Office, 723 5th Ave E, Kalispell, Mt 59901.



## CAUTION ON POLITICAL SIGNS

Federal law requires that any sign intended to be read from the highway must be regulated by the state. In Montana, as in other states, controlling signs is the responsibility of the Department of Transportation. Failure to control signs brings the threat of federal sanctions, and can disrupt highway improvement projects.

Political campaign committees and candidates are being reminded again about restrictions on where their signs can be placed. Signs that are on highway fences, utility poles, and otherwise on state right of way are not allowed, and will be removed by Department of Transportation crews.

It is unsafe, and illegal to drive or park in a ditch along a highway to install a sign on private property. Within 30 days following the applicable election the signs should be removed.

The candidates' cooperation in adhering to the regulations, and statutes will benefit the Department of Highways, and the taxpayers of Montana.

For further information contact:

Patrick J. Hurley  
Administrative Officer  
Outdoor Advertising Control  
(406) 444-6688



Signs installed out of compliance with these provisions or continued after Election Day may be removed by the City without prior notice to the owner of the sign.

The City will store these signs and may dispose of them after 30-days notice to the owner, if known.

Sign owners can retrieve their signs from city staff. Contact the Planning Department at 863-2410 or 510 Railway Street.



#### City of Whitefish

PO Box 158  
510 Railway Street  
Whitefish, Montana 59937  
Phone: 406-863-2410  
Fax: 406-863-2409  
email: dtaylor@cityofwhitefish.org



**Sign  
Information**



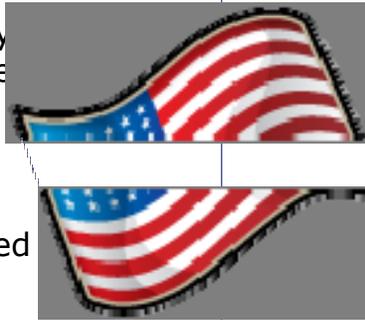


A campaign sign advertises for a candidate for public office or an election measure on an upcoming ballot.

These type of signs do not require any special

permit from the city provided they meet the following standards:

- Must be located wholly on private property;
- May not exceed 32 square feet per sign;
- May not be placed more than ninety (90) days before an election; and
- Shall be removed within seven (7) days after the election.



A political sign expresses a political or social position, as opposed to supporting a political candidate or election measure.

These type of signs do not require any special permit from the city, provided they meet the following standards:

- Must be located wholly on private property;
- Shall not to exceed 32 square feet on commercial or industrial property or 16 square feet on residential property.



No sign may be:

- Located within the city or state rights-of-way or attached to public property (such as: power poles, streetlights, trees, fences, bridges, curbs, sidewalks, park benches or other locations on public property);
  - Animated, rotating, flashing or blinking signs, strobe lights, etc.;
  - Imitate or resemble official traffic or government signs or signals;
  - Internally illuminated;
  - Electronically automated changeable copy; or
  - A portable readerboard.
- Signs that constitute a traffic hazard are also prohibited.