

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

RECEIVED

2014 JUN 23 A 10:09

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

Initial Report  
 Periodic Report  
 Closing Report  
 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 <input type="radio"/> )	\$ 8.10
<b>Subtotal</b> .....	\$ 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.**

<b>SCHEDULE A. Receipts – This Reporting Period</b>			<b>In-Kind</b> Description      Value		<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>1. Contributions Less Than \$35 Each (Total)</b>						
<b>2. Loans</b> Creditor's full name / complete Mailing address <u>REQUIRED</u>	<b>Occupation &amp; Employer</b> <u>REQUIRED</u>	<b>Loan Date</b> <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					
<b>3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)</b>		<b>Date Required</b>				
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

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period</b> (continued)		<b>In-Kind</b> Description                      Value		<b>Cash or Check</b> Amount	<b>Total to Date</b> Amount
<b>4. Political Action Committee Contributions</b> Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	<b>Date</b> <b>Received</b> <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					
<b>TOTAL RECEIPTS THIS PAGE</b>				\$10,000	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period</b> (continued)		<b>In-Kind</b> Description                      Value		<b>Cash or Check</b> <b>Amount</b>	<b>Total to Date</b> <b>Amount</b>
<b>8. Corporate Contributions (PAC's &amp; Ballot Issues Only)</b> Full name and mailing address <b>REQUIRED</b> for <b><i>Independent Expenditures Only!</i></b>	<b>Date</b> <b>Received</b> <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					
<b>TOTAL RECEIPTS THIS PAGE</b>				<b>\$32,000.00</b>	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period</b> (continued)	<b>Date Received</b>	<b>Description</b>	<b>In-Kind Value</b>	<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
_____ Name _____ Address _____ City, State, Zip Code					
_____ Name _____ Address _____ City, State, Zip Code					
_____ Name _____ Address _____ City, State, Zip Code					
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
_____ Name _____ Address _____ City, State, Zip Code					
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
_____ 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		In-Kind		Cash or Check Amount	Total to Date Amount
<u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED:</u> Full name, complete mailing address, occupation & employer		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**

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
Include ALL of Schedule A (Sections 1 – 9) in this total

	\$2,500
	\$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 Bieselel, 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, Delgado	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, Delgado, 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	
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>			\$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
<b>3. Independent Expenditures</b> 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					
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1 - 3) in this total				68,960.54	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED



<b>SCHEDULE B.</b> <b>Expenditures – This Reporting Period</b>	<b>Purpose</b>	<b>Candidate/ Issue</b>	<b>Date</b>	<b>Amount</b>	
				<b>PRIMARY</b>	<b>GENERAL</b>
<b>4. Corporate Independent Expenditures</b> 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					
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>					
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> 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		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)

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED