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COMMISSIONER OF
POLITICAL PRACTICES

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 Veracity Diversity Work

FULL REGISTERED NAME OF COMMITTEE

PO Box 8131, Missoula, MT 59807

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From 05-15-2014

To 05-23-2014



Initial Report



Periodic Report



Closing Report



No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK – Balance from previous report..... \$ 0
2. RECEIPTS – Total received and deposited this period from Schedule A..... \$ 6,500.00
3. CORRECTIONS – Addition or subtraction from Schedule D..... (Circle: + or --) -- \$
- Subtotal \$
4. EXPENDITURES – Total paid out this period from Schedule B..... -- \$ 0
5. CASH IN BANK – Ending balance this report..... \$ 6,500.00

CERTIFICATION

I, J. Michael Barrett, 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

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.

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SCHEDULE A. Receipts – This Reporting Period			In-Kind		Cash or Check Amount	Total to Date Amount
			Description	Value		
1. Contributions Less Than \$35 Each (Total)						0
2. Loans Creditor's <u>full name / complete</u> <u>Mailing address REQUIRED</u>	Occupation & Employer <u>REQUIRED</u>	Loan Date <u>Required</u>				0
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 <u>Required</u>				0
TOTAL RECEIPTS THIS PAGE					0	0

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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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 <i>Required</i>		0	0	
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			0	0	

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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		0	0	
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		0	0	
Name _____ Address _____ City, State, Zip Code _____					
7. Other Political Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	Date Required		0	0	
Name _____ Address _____ City, State, Zip Code _____					
TOTAL RECEIPTS THIS PAGE			0	0	

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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 Independent Expenditures Only!	Date Received Required				
P+B, PC Name _____ 257 W. Front St. Ste A Address _____ Missoula, MT 59802 City, State, Zip Code _____	5/21/14	Cash		\$ 4,000.00	\$ 4,000.00
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			0	\$ 4,000.00	

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9. Individual Contributors of \$35 or More

REQUIRED: Full name, complete mailing address, occupation & employer

Sydney E. McKenna
Name PO Box 7009
Address
Missoula, MT 59807
City, State, Zip Code

Attorney
Occupation
McKenna +
Starin, PLLC
Employer

<u>Milton Datapoulos</u> Name <u>201 W. main St.</u> Address <u>Missoula, MT 59802</u> City, State, Zip Code	<u>Attorney</u> Occupation <u>Datapoulos,</u> <u>MacDonald + Lind, PC</u> Employer
---	--

John Manning
Name
2730 Queen St.
Address
Missoula, MT 59801
City, State, Zip Code

Attorney
Occupation
Dorsey + Whitney
Employer

Name	Occupation
Address	Employer
City, State, Zip Code	

Name	Occupation
Address	Employer
City, State, Zip Code	

Description

Value

\$ 500.00

\$ 500.00

\$1,000.00

\$1,000.00

\$1,000.00

\$1,000.00

TOTAL RECEIPTS THIS PAGE

C

2,500.00

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

C

6,500.00

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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>				
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				

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>				0	0
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				0	0
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total				0	0

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>				0	0
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 _____					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH </div>				0	0
<div style="border: 1px solid black; padding: 5px;"> TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 -4 in this total </div>				0	0

SCHEDULE C. Debts and Loans Not Yet Paid

Full name and complete mailing address of each creditor <u>REQUIRED</u>	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 corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction

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