

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: www.politicalpractices.mt.us

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Date Received and Postmark Date

RECEIVED  
COMMISSIONER OF  
POLITICAL PRACTICES

APR 13 2 21 PM '06

HAND DELIVERED

*John A. Hooten*

FORM C-4  
INCIDENTAL POLITICAL COMMITTEE FINANCE  
REPORT

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

ORIGINAL FILING	<input checked="" type="checkbox"/>
AMENDED FILING	<input type="checkbox"/>

REPORTING PERIOD	
From	<u>01/01/2006</u>
To	<u>04/03/2006</u>

<input checked="" type="checkbox"/>	Initial Report
<input type="checkbox"/>	Periodic Report
<input type="checkbox"/>	Closing Report
<input type="checkbox"/>	No new transactions in reporting period

<b>NAME OF INCIDENTAL COMMITTEE</b>
Montanans In Action
8000 Butcher Road
Winifred, MT 59489

CASH SUMMARY: MONEY RECEIVED AND SPENT	
2. <b>RECEIPTS</b> - Total received and deposited this period from Schedule A	\$22,500.00
3. <b>CORRECTIONS</b> - Addition or subtraction from Schedule D (+ or -)	\$0.00
4. <b>EXPENDITURES</b> - Total paid out this period from Schedule B	\$16,150.00

This report must be signed by an officer whose name is on the Statement of Organization (Form C-2) on file in the office of Commissioner of Political Practices.

CERTIFICATION

I, Trevis Butcher, 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.

*Trevis M. Butcher* 04/13/06  
Signature

SCHEDULE A. Receipt - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Amount		
<b>1. Earmarked Contributions Less Than \$35 Each</b>			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	

04/13/2006

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**TOTAL CONTRIBUTIONS THIS PAGE**

SCHEDULE A. Receipt - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Value		
<b>2. Earmarked Contributions of \$35 or More.</b> For each contributor full name, complete mailing address, occupation, & employer <b>REQUIRED</b> . ONE NAME ONLY FOR EACH CONTRIBUTION.					
Americans For Limited Gov 240 Waukegan Rd Suite 200 Glenview, IL 60025		National Political Action Group		\$0.00	22,500.00
<b>TOTAL RECEIPTS THIS PAGE</b>				\$0.00	22,500.00

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*Not Earmarked /  
TMB  
04/19/06*

SCHEDULE A. Receipt - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Value		
<b>3. Rebates, Refunds, Other Miscellaneous Receipts</b> <i>(Describe)</i>	<b>Date</b> <i>Required</i>				
No records this reporting period			\$0.00	\$0.00	\$0.00

**TOTAL MISCELLANEOUS RECEIPTS THIS PAGE**

\$0.00      \$0.00

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**TOTAL RECEIPTS THIS REPORTING PERIOD**  
**Include ALL of Schedule A (Sections 1-3) in this total**

\$0.00      ~~\$22,500.00~~  
 0

TMB  
 04/19/06