

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
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Helena, MT 59620-2401
TELEPHONE: 406-444-2942
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Date Received and Postmark Date

POLITICAL PRACTICES

JUN 5 3 23 PM '06

Handwritten initials/signature

RECEIVED

**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>05/04/2006</u>
To	<u>06/03/2006</u>

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

NAME OF INCIDENTAL COMMITTEE
Montanans In Action
8000 Butcher Road
Winifred, MT 59489

CASH SUMMARY: MONEY RECEIVED AND SPENT	
2. RECEIPTS - Total received and deposited this period from Schedule A	\$0.00
3. CORRECTIONS - Addition or subtraction from Schedule D (+ or -)	\$0.00
4. EXPENDITURES - Total paid out this period from Schedule B	\$125,000.00

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, Don Crabbe, 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.

Don Crabbe
Signature

SCHEDULE A. Receipt - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Amount		
1. Earmarked Contributions Less Than \$35 Each			\$0.00	\$0.00	\$0.00
TOTAL CONTRIBUTIONS THIS PAGE			\$0.00	\$0.00	

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SCHEDULE A. Receipt - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Value		
2. Earmarked Contributions of \$35 or More. For each contributor full name, complete mailing address, occupation, & employer <u>REQUIRED</u> . ONE NAME ONLY FOR EACH CONTRIBUTION.					
No records this reporting period			\$0.00	\$0.00	\$0.00
TOTAL RECEIPTS THIS PAGE				\$0.00	\$0.00
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1-9) in this total				\$0.00	\$0.00

SCHEDULE A. Receipt - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Value		
3. Rebates, Refunds, Other Miscellaneous Receipts <i>(Describe)</i>	Date Required				
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 \$0.00