

COMMISSIONER OF POLITICAL PRACTICES
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POLITICAL PRACTICES

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[Handwritten Signature]

FORM C-6 (Revised 06/03)
POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING AMENDED FILING

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

Montanans for Fair Initiatives
FULL REGISTERED NAME OF COMMITTEE
c/o Reynolds, Motl & Sherwood, 401 N. Last Chance Gulch,
Helena, MT 59601
COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

REPORTING PERIOD
From July 6, 2006
To August 5, 2006

Initial Report
Periodic Report
Closing Report
No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT	
1. CASH IN BANK - Balance from previous report	\$ 100
2. RECEIPTS - Total received and deposited this period from Schedule A	\$ 0
3. CORRECTIONS - Addition or subtraction from Schedule D	\$ 0
4. EXPENDITURES - Total paid out this period from Schedule B	\$ 0
5. CASH IN BANK - Ending balance this report	\$ 100

CERTIFICATION

I, Jonathan Motl _____, 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

[Handwritten 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

1. Contributions Less Than \$35 Each (Total)			<i>In-Kind</i>		<i>Cash or Check</i>	<i>Total to Date</i>
			Description	Value	Amount	Amount
2. Loans Creditor's full name / complete Mailing address REQUIRED		Occupation & Employer REQUIRED	Loan Date Required	None		
Name _____ Address _____ City, State, Zip Code _____		Occupation _____ Employer _____		None		
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 <i>Required</i>			
				None		
TOTAL RECEIPTS THIS PAGE				None		

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SCHEDULE A.

Receipts - This Reporting Period (continued)

4. Political Action Committee Contributions
 Committee's full registered name and complete
 mailing address **REQUIRED**

	Date Received <i>Required</i>	In-Kind Description	Value	Cash or Check Amount	Total to Date Amount
Registered Name Address City, State, Zip Code		None			
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					
			None		

TOTAL RECEIPTS THIS PAGE

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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> Name _____ Address _____ City, State, Zip Code _____	Date Required	None			
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> Name _____ Address _____ City, State, Zip Code _____	Date Required	None			
Name _____ Address _____ City, State, Zip Code _____					
7. Other Political Committee Contributions Full name and complete mailing address <i>REQUIRED</i> Name _____ Address _____ City, State, Zip Code _____	Date Required	None			
Name _____ Address _____ City, State, Zip Code _____					

TOTAL RECEIPTS THIS PAGE

None

SCHEDULE A. Receipts - This Reporting Period (continued)

8. Individual Contributors of \$35 or More

REQUIRED - ONE NAME ONLY FOR EACH CONTRIBUTION
REQUIRED - Full name, complete mailing address, occupation & employer

		<i>In-Kind</i>		<i>Cash or Check</i>	<i>Total to Date</i>	
		Description	Value	Amount	Amount	
Reynolds, Mott & Sherwood (James P. Reynolds, Jonathan R. Mott, Frederick F. Sherwood, David K. W. Wilson, Jr., Linda M. Deola, Deborah S. Smith, Brenda Lindlief Hall, Partners) Name 401 N. Last Chance Gulch Address Helena, MT 59601 City, State, Zip Code		Law Firm Occupation N.A. Employer	Copies Staff time Office overhead	\$316.60 \$306.00 \$120.00		\$927.82
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			\$742.60	
		TOTAL RECEIPTS THIS REPORTING PERIOD			\$742.60	

Include ALL of Schedule A (Sections 1 - 8) in this total