

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES  
 1205 Eighth Avenue  
 Post Office Box 202401  
 Helena, MT 59620-2401  
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 WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

**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

Property Owners Against I-154  
 FULL REGISTERED NAME OF COMMITTEE  
 PO Box 248 Helena, MT. 59602  
 COMPLETE MAILING ADDRESS  
(include City, State, Zip Code)

REPORTING PERIOD  
 From 7/1/2006  
 To 8/05/2006

Initial Report   
 Periodic Report   
 Closing Report   
 No transactions in period

FOR OFFICE USE ONLY  
 Date Received and Postmark Date  
 RECEIVED  
 COMMISSIONER OF  
 POLITICAL PRACTICES  
 AUG 10 9 37 AM '06  
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 AUG 09 2006  
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**CASH SUMMARY: MONEY RECEIVED AND SPENT**

1. CASH IN BANK - Balance from previous report.....		\$	0.00
2. RECEIPTS - Total received and deposited this period from Schedule A.....		\$	4400.00
3. CORRECTIONS - Addition or subtraction from Schedule D.....	(Circle: + or --)	\$	0.00
4. EXPENDITURES - Total paid out this period from Schedule B.....		\$	4400.00
5. CASH IN BANK - Ending balance this report.....		\$	0.00
	Subtotal	\$	4400.00

**CERTIFICATION**

I, Joan T. Toole Title 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  
 Joan T. Toole

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 (continued)

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

	Date Received Required	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
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					
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**

0.00 ✓

0.00 ✓

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED



Property Owners Against I - 154

C-6 Section 6. Incidental Committee Contributions

Clark Fork Coalition P.O. Box 7593 Missoula, MT 59807	7/04-8/03/06	Salary, Benefits, Office Overhead	\$ 826.25		\$826.25 - In Kind
Greater Yellowstone Coalition P.O. Box 1874 Bozeman, MT 59771	7/04-8/03/06	Salary, Benefits, Office Overhead	\$ 1,275.62		\$1,275.62 - In Kind
Montana Audubon P.O. Box 595 Helena, MT 59824	7/04-8/03/06	Salary, Benefits, Office Overhead	\$ 2,219.61	\$ 1,000.00	\$1,000.00-checks \$2,219.61-In Kind
Montana Conservation Voters P.O. Box 885 Billings, MT 59103	7/04-8/03/06			\$ 2,500.00	\$2,500.00-checks
Montana Council of Trout Unlimited P.O. Box 7186 Missoula, MT 59807	7/04-8/03/06		\$		
Center P.O. Box 1184 Helena, MT 59624	7/04-8/03/06	Salary, Benefits, Office Overhead	\$ 628.08		\$628.08-In-kind
Resource Media P.O. Box 412 Bozeman, MT 59771	7/04-8/03/06	Salary, Benefits, Office Overhead	\$ 1,463.04		\$1,463.04-In-kind
Sonoran Institute P.O. Box 543 Helena, MT 59624	7/04-8/03/06	Salary, Benefits	\$ 651.60		\$651.60-In-kind
<b>TOTAL RECEIPTS</b>			<b>\$ 7,284.20</b>	<b>\$ 3,500.00</b>	

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**SCHEDULE A. Receipts - This Reporting Period (continued)**

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**8. Individual Contributors of \$35 or More**  
 REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION  
 REQUIRED: Full name, complete mailing address, occupation & employer

		Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
Name <i>please see attached</i>					
Address				900.00	
City, State, Zip Code					
Name		Occupation			
Address		Employer			
City, State, Zip Code					
Name		Occupation			
Address		Employer			
City, State, Zip Code					
Name		Occupation			
Address		Employer			
City, State, Zip Code					
Name		Occupation			
Address		Employer			
City, State, Zip Code					

**TOTAL RECEIPTS THIS PAGE**

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
 Include ALL of Schedule A (Sections 1 - 8) in this total

1	900.00	
7204.20	4400.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

900.00 - checks

Property Owners Against I-154  
 C-6 Schedule A Receipts - This Reporting Period

Section 8. Individual Contributions of \$35 or More

Name	Occupation Employer	In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
Janet Ellis P.O. Box 385 Helena, MT 59624	Executive Director Montana Audubon			\$ 300.00	\$300.00-check
Matthew Clifford 424 Madison Street Missoula, MT 59802	Attorney Clark Fork Coalition			\$ 100.00	\$100.00-check
Tim K. Davis 580 South Rodney Helena, MT 59601	Executive Director Smart Growth Coalition			\$ 500.00	\$500.00-check

**TOTAL RECEIPTS** \$ 900.00

TYPE OR PRINT CLEARLY IN INK

**SCHEDULE B.**  
Expenditures - This Reporting Period

1. PETTY CASH Expenditures (TOTAL THIS PERIOD)		Purpose	Date	Amount	
				PRIMARY	GENERAL
<b>2. All Other Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>					
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					

0.00

**TOTAL EXPENDITURES THIS REPORTING PERIOD** Include all of Schedule B (Sections 1 & 2) in this total

**TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH**

0.00 ✓

**TOTAL EXPENDITURES THIS REPORTING PERIOD** IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

0.00 ✓

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**JLE G. Debts and Loans Not Yet Paid**

Name and complete mailing address  
each creditor **REQUIRED**

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Name and complete mailing address each creditor <b>REQUIRED</b>		Purpose	Date Incurred	Balance Due	
Name	Address			PRIMARY	GENERAL
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

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED