

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.politicalpracticesmt.gov

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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, Mott & Sherwood, 401 N. Last Chance Gulch,
Helena, MT 59601

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From August 6, 2006

To September 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 Mottl, 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

JMottl

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. <i>Receipts - This Reporting Period (continued)</i>		Date Received	In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name _____			None			
Address _____						
City, State, Zip Code _____						
Name _____						
Address _____						
City, State, Zip Code _____						
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
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)			Copies	\$8.60		\$1,113.06
Name _____			Postage	\$0.39		
401 N. Last Chance Gulch			Staff time	\$56.25		
Address _____			Office overhead	\$120.00		
Helena, MT 59601						
City, State, Zip Code _____						
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED		Date Required				
Name _____			None			
Address _____						
City, State, Zip Code _____						
TOTAL RECEIPTS THIS PAGE				\$185.24		

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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
Name	Occupation	None			
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					\$185.24
Include ALL of Schedule A (Sections 1 - 8) in this total					

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SCHEDULE B.
Expenditures – This Reporting Period

1. PETTY CASH Expenditures (TOTAL THIS PERIOD)

2. All Other Expenditures
Full name and complete mailing address
of each payee REQUIRED

	Purpose	Date	PRIMARY Amount	GENERAL Amount
Name Address City, State, Zip Code	None		None	
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				
Name Address City, State, Zip Code				
TOTAL EXPENDITURES THIS PAGE – INCLUDING PETTY CASH				
			None /	
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 & 2) in this total				
			None /	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

