

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
 1205 Eighth Avenue
 Post Office Box 202401
 Helena, MT 59620-2401
 TELEPHONE: 406-444-2942
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For a Mike

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 59124
 COMPLETE MAILING ADDRESS
(include City, State, Zip Code)

REPORTING PERIOD
 From 8-06-06
 To 9-05-06

FOR OFFICE USE ONLY
 Date Received and Postmark Date
 RECEIVED
 COMMISSIONER OF
 POLITICAL PRACTICES
 Sep 12 5 31 AM '06
 POSTMARKED
 SEP 11 2006
 O.A. Gibson

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report.....		\$ 4400.00	✓
2. RECEIPTS - Total received and deposited this period from Schedule A.....		\$ 32,500.00	✓
3. CORRECTIONS - Addition or subtraction from Schedule D.....	(Circle: + or --)	\$ 0.00	✓
Subtotal.....		\$ 36,900.00	✓
4. EXPENDITURES - Total paid out this period from Schedule B.....		\$ 0.00	✓
5. CASH IN BANK - Ending balance this report.....		\$ 36,900.00	✓

CERTIFICATION

I, Janet H Ellis, Title President, 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 Janet H Ellis
 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.

Property Owners Against 1 - 154
 C-6 Schedule A - receipts 8/5/06 Reporting Period - 9/6/06
 Section 6. Incidental Committee Contributions

Clark Fork Coalition P.O. Box 7593 Missoula, MT 59807	8/04-9/04/06	Salary, Benefits, Office Overhead	\$	720.00		\$1,548.25 - In kind
Environmental Defense 257 Park Avenue New York, NY 10010	8/04-9/04/06	Donation			\$	\$5,000.00 - check
Greater Yellowstone Coalition P.O. Box 1874 Bozeman, MT 59771	8/04-9/04/06	Salary, Benefits, Office Overhead Printing	\$	4,980.12		\$6,235.74 - In kind
Montana Audubon P.O. Box 595 Helena, MT 59624	8/04-9/04/06	Salary, Benefits, Office Overhead	\$	3,242.59		\$1,000.00 - check \$5,462.20 - In kind
Montana Conservation Voters P.O. Box 985 Billings, MT 59103	8/04-9/04/06					\$2,500.00 - checks
Montana Council of Trout Unlimited P.O. Box 7186 Missoula, MT 59807	8/04-9/04/06	Salary, Benefits, Office Overhead	\$	2,344.99	\$	\$10,000.00 - check \$2,344.99 - In kind
Montana Environmental Information Center P.O. Box 1184 Helena, MT 59624	8/04-9/04/06	Salary, Benefits, Office Overhead	\$	223.84		\$851.92 - In-kind
Montana Wildlife Federation P.O. Box 1175 Helena, MT 59624	8/04-9/03/06	Salary, Benefits, Office Overhead	\$	1,153.58		\$1,153.58 - In-kind
Resource Media P.O. Box 412 Bozeman, MT 69771	8/04-9/04/06	Salary, Benefits, Office Overhead	\$	3,094.61		\$4,557.65 - in-kind
Sonoran Institute P.O. Box 543 Helena, MT 59624	8/04-9/04/06	Salary, Benefits	\$	532.25	\$	\$15,000.00 - check \$1,353.85 - In-kind
TOTAL RECEIPTS			\$	18,271.88	\$	30,000.00

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SCHEDULE A Receipts - This Reporting Period (continued)

11. Individual Contributors of \$35 or More
 REQUIRED: GNE 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	Tim Crawford				
Address	15 South Tracy Ave, #8				
City, State, Zip Code	FOSTER, WI 59715			2,500.00	2500.00 in check
Name	Owner	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				0.00	2,500.00
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 8) in this total				16,271.90	32,500.00

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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
						0.00
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

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

0.00	✓	0.00	✓
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SCHEDULE C. Debts and Loans Not Yet Paid

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Full name and complete mailing address of each creditor **REQUIRED**

Name		Purpose	Date Incurred	Balance Due	
Address				PRIMARY	GENERAL
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
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

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