

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

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Oct 23 4 10 PM '06

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

e/o Reynolds, Mott & Sherwood, 401 N. Last Chance Gulch,

Helena, MT 59601

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From September 6, 2006

To October 18, 2006

<input type="checkbox"/>	Initial Report
<input checked="" type="checkbox"/>	Periodic Report
<input type="checkbox"/>	Closing Report
<input type="checkbox"/>	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 Mott 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



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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**C-6 (page 3)**

<b>SCHEDULE A.</b> <b>Receipts - This Reporting Period (continued)</b>		<b>In-Kind</b>	<b>Cash or Check</b>	<b>Total to Date</b>
<b>4. Political Action Committee Contributions</b> Committee's full registered name and complete mailing address <b>REQUIRED</b>	<b>Date Received Required</b>	<b>Description</b>	<b>Value</b>	<b>Amount</b>
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				
<b>TOTAL RECEIPTS THIS PAGE</b>				None

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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C-6 (page 4)

<b>SCHEDULE A</b> <b>Receipts - This Reporting Period (continued)</b>		Date Received	In-Kind Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		Date Required	None			
Name						
Address						
City, State, Zip Code						
Name						
Address						
City, State, Zip Code						
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		Date Required	Copies Staff time Office overhead	\$4.00 \$55.00 \$120.00		\$1,292.06
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						
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>		Date Required	None			
Name						
Address						
City, State, Zip Code						
<b>TOTAL RECEIPTS THIS PAGE</b>				\$179.00		

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**C-6 (page 5)**

**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					
<b>TOTAL RECEIPTS THIS PAGE</b>					
<b>TOTAL RECEIPTS THIS REPORTING PERIOD</b>					<b>\$179.00</b>

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

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*C-6 (page 6)*

<b>SCHEDULE B.</b> Expenditures – This Reporting Period		<b>Purpose</b>	<b>Date</b>	<b>Amount</b>	
<b>1. PETTY CASH Expenditures (TOTAL THIS PERIOD)</b>	<b>None</b>			<b>PRIMARY</b>	<b>GENERAL</b>
<b>2. All Other Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>					
Name		None			
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
<b>TOTAL EXPENDITURES THIS PAGE – INCLUDING PETTY CASH</b>					
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1 & 2) in this total					

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*C-6 (page 7)*

**SCHEDULE C. Debts and Loans Not Yet Paid**

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

	None	Purpose	Date Incurred	Balance Due <b>PRIMARY GENERAL</b>
Name				
Address				
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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