

THE STATE OF MONTANA

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.politicalpractices.mt.us

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Date Received and Postmark Date  
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 COMMISSIONER OF  
 POLITICAL PRACTICES

Oct 27 10 57 AM '06

**FORM C-4  
 INCIDENTAL POLITICAL COMMITTEE FINANCE  
 REPORT**

**HAND DELIVERED**

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

ORIGINAL FILING   
 AMENDED FILING

REPORTING PERIOD  
 From 10/17/2006  
 To 10/26/2006

Initial Report  
 Periodic Report  
 Closing Report  
 No new transactions in reporting period


NAME OF INCIDENTAL COMMITTEE  
 Montanans In Action  
 8000 Butcher Road  
 Winifred, MT 59489

CASH SUMMARY: MONEY RECEIVED AND SPENT	
1. RECEIPTS - Total received and deposited this period from Schedule A	\$0.00
2. CORRECTIONS - Addition or subtraction from Schedule D (+ or -)	\$0.00
3. EXPENDITURES - Total paid out this period from Schedule B	\$14,156.00

This report must be signed by an officer whose name is on the Statement of Organization (Form C-2) on file in the office of Commissioner of Political Practices.

**CERTIFICATION**

I, Don Crabbe, Deputy 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

SCHEDULE A. Receipts - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Amount		
1. Farnarked Contributions Less Than \$35 Each - Total			\$0.00	\$0.00	\$0.00
		<b>TOTAL CONTRIBUTIONS THIS PAGE</b>	\$0.00	\$0.00	

10/27/2006

Page 1 of 1

SCHEDULE A. Receipt - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Value		
<b>2. Earmarked Contributions of \$35 or More.</b> For each contributor full name, complete mailing address, occupation, & employer <b>REQUIRED</b> . ONE NAME ONLY FOR EACH CONTRIBUTION.					
No records this reporting period			\$0.00	\$0.00	\$0.00
<b>TOTAL RECEIPTS THIS PAGE</b>			\$0.00	\$0.00	

SCHEDULE A. Receipt - This Reporting Period	Date	In-Kind		Cash or Check	Total to Date
		Description	Value		
3. Rebates, Refunds, Other Miscellaneous Receipts <i>(Describe)</i>	<i>Date Required</i>				
No records this reporting period			\$0.00	\$0.00	\$0.00

**TOTAL MISCELLANEOUS RECEIPTS THIS PAGE**

\$0.00	\$0.00
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10/27/2006 Page 1 of 1

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
Include ALL of Schedule A (Sections 1-3) in this total

\$0.00	\$0.00
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**SCHEDULE B. Expenditures - This Reporting Period**

*PLEASE NOTE: If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."*

PAYEE - Full Name & Complete Mailing Address <i>REQUIRED</i>	Purpose	Date	Amount	
			Primary	General
Citizens Right To Recall Montana PO Box 7 Winifred, MT 59489	Committee Support	10/17/2006	\$0.00	\$100.00
Citizens Right To Recall Montana PO Box 7 Winifred, MT 59489	Committee Support	10/18/2006	\$0.00	\$1,900.00
Citizens Right To Recall Montana PO Box 7 Winifred, MT 59489	Committee Support	10/18/2006	\$0.00	\$2,000.00
Citizens Right To Recall Montana PO Box 7 Winifred, MT 59489	Committee Support	10/23/2006	\$0.00	\$400.00
Protect Our Homes Montana PO Box 7 Winifred, MT 59489	Committee Support	10/17/2006	\$0.00	\$50.00
Protect Our Homes Montana PO Box 7 Winifred, MT 59489	Committee Support	10/18/2006	\$0.00	\$1,950.00
Protect Our Homes Montana PO Box 7 Winifred, MT 59489	Committee Support	10/18/2006	\$0.00	\$2,000.00
Protect Our Homes Montana PO Box 7 Winifred, MT 59489	Committee Support	10/19/2006	\$0.00	\$50.00
Protect Our Homes Montana PO Box 7 Winifred, MT 59489	Committee Support	10/23/2006	\$0.00	\$450.00
Stop Over Spending Montana PO Box 7 Winifred, MT 59489	Committee Support	10/17/2006	\$0.00	\$100.00
Stop Over Spending Montana PO Box 7 Winifred, MT 59489	Committee Support	10/18/2006	\$0.00	\$1,950.00
Stop Over Spending Montana PO Box 7 Winifred, MT 59489	Committee Support	10/18/2006	\$0.00	\$2,000.00
Stop Over Spending Montana PO Box 7 Winifred, MT 59489	Committee Support	10/23/2006	\$0.00	\$350.00
<b>TOTAL EXPENDITURES THIS PAGE</b>			\$0.00	\$13,300.00

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

*PLEASE NOTE: If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."*

PAYEE - Full Name & Complete Mailing Address <i>REQUIRED</i>	Purpose	Date	Amount	
			Primary	General
Citizens Right To Recall Montana PO Box 7 Winifred, MT 59489	Committee Support	10/25/2006	\$0.00	\$200.00
Protect Our Homes Montana PO Box 7 Winifred, MT 59489	Committee Support	10/25/2006	\$0.00	\$203.00
Protect Our Homes Montana PO Box 7 Winifred, MT 59489	Committee Support	10/26/2006	\$0.00	\$103.00
Stop Over Spending Montana PO Box 7 Winifred, MT 59489	Committee Support	10/24/2006	\$0.00	\$100.00
Stop Over Spending Montana PO Box 7 Winifred, MT 59489	Committee Support	10/25/2006	\$0.00	\$250.00
<b>TOTAL EXPENDITURES THIS PAGE</b>			\$0.00	\$856.00
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD ALL</b>			\$0.00	\$14,156.00