

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue
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Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

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COMMISSIONER OF POLITICAL PRACTICES

FORM C-2 (Revised 06/12)

STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One)

- POLITICAL ACTION COMMITTEE
- POLITICAL PARTY COMMITTEE
- BALLOT ISSUE COMMITTEE
- INCIDENTAL COMMITTEE
- OTHER

FOR OFFICE USE ONLY
Date Received and Postmark Date

ORIGINAL FILING

AMENDED FILING

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

Click here for link to some of the corporate donors

FULL NAME OF COMMITTEE (Refer to Montana Code Annotated § 13-37-210, Naming and Labeling Statute)

Republican State Leadership Committee - Judicial Fairness Initiative Montana PAC

COMPLETE MAILING ADDRESS 1201 F Street, NW, Suite 675, Washington, DC 20004
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS 6900 South Frontage Road, Billings, MT 59101
(Including City, State, Zip Code)

Incorporated: (Check one) YES NO

FULL NAME OF COMMITTEE TREASURER Barry Usher

COMPLETE MAILING ADDRESS PO Box 80812, Billings, MT 59102
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS 6900 South Frontage Road, Billings, MT 59101
(Including City, State, Zip Code)

busher@bearcooltharley.com	408-252-2888	406-252-2888	202-448-5169
E-Mail Address (Please Print)	Home Telephone Number	Work Telephone Number	Facsimile Number

FULL NAME OF DEPUTY TREASURER(S), if any * Staci Goede

COMPLETE MAILING ADDRESS 1201 F Street, NW, Suite 675, Washington, DC 20004
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS 1201 F Street, NW, Suite 675, Washington, DC 20004
(Including City, State, Zip Code)

sgoede@ralc.gop	703-371-5852	202-448-5160	202-448-5189
E-Mail Address (Please Print)	Home Telephone Number	Work Telephone Number	Facsimile Number * attach list if necessary

COMMITTEE ACCOUNT INFORMATION

FULL NAME OF BANK Wells Fargo

COMPLETE ADDRESS 2235 Grant Road, Billings, MT 59102
(Including City, State, Zip Code)

SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, if any (attach list if necessary)

FULL NAME OF BANK N/A

COMPLETE ADDRESS
(Including City, State, Zip Code)

ADDITIONAL OFFICERS (attach list if necessary)

OFFICERS FULL NAME None TITLE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____

OFFICERS FULL NAME _____ TITLE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

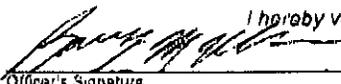
COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____

PURPOSE OF COMMITTEE and/or	SUPPORT	OPPOSE	DATE OF ELECTION
	To make independent expenditures in the State of Montana		
NAME(S) OF CANDIDATE(S) or BALLOT ISSUE (S)	SUPPORT	OPPOSE	DATE OF ELECTION
Lawrence VanDyke	x		11/4/2014
Michael E. Wheat		x	

CERTIFICATION

I hereby verify that the foregoing statements are true and correct.

 Treasurer _____ Date 10/2/14

Officer's Signature _____ Title _____

For County, Municipal, or School committees only: Please check this box if contributions/expenditures will not exceed \$500. (If \$500 is exceeded, filing of campaign finance reports will be required.)

Notice: you must follow up with a signed hard copy to CPP. Delivery receipt of this form will appear in your email. For further guidance, contact CPP at (408) 444-2942. (Internet Explorer is recommended)