

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.gov

RECEIVED

2014 OCT - 1 P 2: 25

FORM C-2 (Revised 06/12)

COMMISSIONER OF
POLITICAL PRACTICES

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@bearfoottharley.com

406-252-2888

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

202-448-5169

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 <u>None</u>		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)			
Lawrence VanDyke	x		11/4/2014
Michael E. Wheel		x	

CERTIFICATION

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

Officer's Signature

Treasurer

Title

10/2/14

Date

☐ 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)