

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

FOR OFFICE USE ONLY
Date Received and Postmark Date

OFFICE OF
POLITICAL PRACTICES

NOV 23 9:51

POSTMARKED
NOV 23 2012

FORM C-6 (Revised 04/08) POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

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

Build Montana PAC
 FULL REGISTERED NAME OF COMMITTEE
 810 Hialeah Ct, Helena, MT 59601
 COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

REPORTING PERIOD
 From 10/21/12
 To 11/21/12

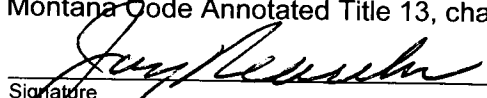
Initial Report
 Periodic Report
 Closing Report
 No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK – Balance from previous report.....	\$ 49,799.08
2. RECEIPTS – Total received and deposited this period from Schedule A.....	\$ 136,500.00
3. CORRECTIONS – Addition or subtraction from Schedule D.....	+ \$
	(Circle: + or --) -- \$
	Subtotal \$ 186,299.08
4. EXPENDITURES – Total paid out this period from Schedule B.....	-- \$ 178,659.80
5. CASH IN BANK – Ending balance this report.....	\$ 7639.28

CERTIFICATION

I, Jay Reardon, 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.

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period			In-Kind		Cash or Check Amount	Total to Date Amount
			Description	Value		
1. Contributions Less Than \$35 Each (Total)						
2. Loans Creditor's full name / complete Mailing address <i>REQUIRED</i>	Occupation & Employer <i>REQUIRED</i>	Loan Date <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____					
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____					
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____					
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date <i>Required</i>				

TOTAL RECEIPTS THIS PAGE

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period (continued)		In-Kind Description Value		Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Date Received <u>Required</u>				
Idaho State AFL-CIO PAC Registered Name PO Box 2238 Address Boise, ID 83701 City, State, Zip Code	10/29/12			5,000.00	5,000.00
Montana Law PAC Registered Name PO Box 838 Address Helena, MT 59624 City, State, Zip Code	10/24/12			1,500.00	9,257.44
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
Registered Name Address City, State, Zip Code					
TOTAL RECEIPTS THIS PAGE				6,500.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	Date Required				
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
6. Incidental Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	Date Required				
Montana State AFL-CIO Name _____ 810 Hialeah Ct Address _____ Helena, MT 59601 City, State, Zip Code _____	10/30/12			130,000.00	205,000.00
7. Other Political Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	Date Required				
Name _____ Address _____ City, State, Zip Code _____					
TOTAL RECEIPTS THIS PAGE				130,000.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of \$35 or More <i>REQUIRED:</i> ONE NAME ONLY FOR EACH CONTRIBUTION <i>REQUIRED:</i> Full name, complete mailing address, occupation & employer		In-Kind Description Value		Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				

TOTAL RECEIPTS THIS PAGE

TOTAL RECEIPTS THIS REPORTING PERIOD
Include ALL of Schedule A (Sections 1 – 9) in this total

	136,500.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
Nick Palkovich Name 2630 Winchester Dr Address East Helena, MT 59635 City, State, Zip Code	Canvasser Per Diem (14 days in Great Falls)	10/23/12, 11/7/12 & 11/21/12		699.55
Montana State AFL-CIO Name 810 Hialeah Ct Address Helena, MT 59601 City, State, Zip Code	Reimbursement for canvasser & staff payroll on 11/7 & 11/21/12 and \$200 office space and furniture rental	11/7/12 & 11/21/12		16,772.03
Elijah Polk Name 6801 N Montana Ave Address Helena, MT 59601 City, State, Zip Code	Canvasser Per Diem (12 days in Great Falls)	11/7/12 & 11/21/12		525.00
Jacob Palkovich Name 2630 Winchester Dr Address East Helena, MT 59635 City, State, Zip Code	Canvasser Per Diem (14 days in Great Falls)	11/7/12 & 11/21/12		575.00
Jacob Schwartz Name 701 N Dakota Ave Address Helena, MT 59601 City, State, Zip Code	Canvasser Per Diem (12 days in Great Falls)	11/7/12 & 11/21/12		525.00
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				19,096.58

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
Various Gas Stations Name _____ Address _____ Great Falls, MT City, State, Zip Code _____	Various debit fuel purchases for canvasser rental cars (see attached receipts)	10/21-11/21/12		271.71
Avis Rent-A-Car Name _____ 6 Sylvan Way Address _____ Parsippany, NJ 07054 City, State, Zip Code _____	5 Rental vehicles for canvassers	10/21-11/12/12		1,679.01
Wynter Banks Name _____ 2 Rustler Fork Address _____ Clancy, MT 59634 City, State, Zip Code _____	Canvasser Per Diem (10 days in GF)	10/23/12		250.00
Montana State AFL-CIO Name _____ 810 Hialeah Ct Address _____ Helena, MT 59601 City, State, Zip Code _____	Use of cell phones for 30 days	11/21/12		315.80
Name _____ Address _____ City, State, Zip Code _____				
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				2,498.06
				24,111.16

Town Pump
Great Falls #4 1515
700 10th Ave. S.
Great Falls MT 59404

Ticket: 486106
10/31/12 16:34:00
VISA Acct: 8173
AUTH: 00-013212
Batch: 70 Seq: 37

Pump Gallons Price
7 8.397 3.599

Product Amount
PLUS \$30.22

Total: \$30.22

AIRHEAD BIG BAR 2/\$1

Town Pump
Great Falls #4 1515
700 10th Ave. S.
Great Falls MT 59404

Ticket: 485429
10/30/12 15:15:00
VISA Acct: 8173
AUTH: 00-008357
Batch: 62 Seq: 2

Pump Gallons Price
12 5.577 3.599

Product Amount
REGULAR \$20.07

Total: \$20.07

AIRHEAD BIG BAR 2/\$1

Town Pump
Great Falls #4 1515
700 10th Ave. S.
Great Falls MT 59404

Ticket: 480648
10/23/12 20:17:00
VISA Acct: 8173
AUTH: 00-980161
Batch: 9 Seq: 26

Pump Gallons Price
1 13.254 3.699

Product Amount
PLUS \$49.03

Total: \$49.03

Trails Best Bacon
Jerky 2.75 oz
\$3.99

Rocky Mountain Supply
358 Jackrabbit Lane
PO Box 129
Belgrade MT 59714
(406) 388-4008
Invoice #5783

11/12/12 11:57 AM
Site Tran Auth ICR ID
001001 3094 064733 7 0
From: CREDIT VI
*****8173
Pump #7 UNLEADED

Gallons 10.540
Price/Gal 3.499
Total \$36.88

Ticket: 17861
10/29/12 10:02:00
VISA Acct: 8173
AUTH: 00-002694
Batch: 43 Seq: 27

Pump Gallons Price
1 10.487 3.599

Product Amount
PLUS \$37.74

Total: \$37.74

Calypso 20oz \$1.59

Pump
Great Falls #4 1515
700 10th Ave. S.
Great Falls MT 59404

Ticket: 480643
10/23/12 20:12:00
VISA Acct: 8173
AUTH: 00-980141
Batch: 9 Seq: 24

Pump Gallons Price
7 13.005 3.699

Product Amount
PLUS \$48.11

Total: \$48.11

Trails Best Bacon
Jerky 2.75 oz
\$3.99

Town Pump
Great Falls #4 1515
700 10th Ave. S.
Great Falls MT 59404

Ticket: 486692
11/01/12 12:09:00
VISA Acct: 8173
AUTH: 00-016476
Batch: 76 Seq: 38

Pump Gallons Price
9 13.992 3.549

Product Amount
REGULAR \$49.66

Total: \$49.66

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
Phone: 406-444-2942
Fax: 406-444-1643
www.politicalpractices.mt.gov

FOR OFFICE USE ONLY
Date Received and Postmark Date

Form C-7E (Revised 9/28/09)
Notice of pre-election expenditures
To be filed by political committee

Committee Name Build Montana PAC
Complete Mailing Address 810 Hialeah Ct
Helena, MT 59601
(City, State, Zip Code)

TYPE OF COMMITTEE
Political Action Committee

DATE (Required)	Payee Name and Address (Required)	Purpose	In-Kind Description (if applicable)	Amount	Check P=Primary G=General	
11/1/12	Greenlight Media Strategies Name 32 Court St Ste2109 Address Brooklyn, NY 11201 City, State, Zip	Printing & Mailing expenses - Supporting Steve Bullock for Gov		128,884.32	<input type="checkbox"/> P	<input checked="" type="checkbox"/> G
11/1/12	Hilltop Public Solutions Name 1000 Potomac St NW Ste 500 Address Washington, DC 20007 City, State, Zip	Graphic Design work - statewide races		9,000.00	<input type="checkbox"/> P	<input checked="" type="checkbox"/> G
11/1/12	Avis Car Rental Name 2800 Terminal Way Address Great Falls, MT 59404 City, State, Zip	Rental Cars for Canvassers - Great Falls (debit card charge)		1,489.78	<input type="checkbox"/> P	<input checked="" type="checkbox"/> G

This report **must be signed by an officer** whose name is on the Statement of Organization (Form C-2) on file in our office. If you submit online, a signed hard copy must be mailed as well.

Signature _____ Treasurer _____ 11/1/12
Title _____ Date _____

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
Phone: 406-444-2942
Fax: 406-444-1643
www.politicalpractices.mt.gov

FOR OFFICE USE ONLY
Date Received and Postmark Date

Form C-7E (Revised 9/28/09)
Notice of pre-election expenditures
To be filed by political committee

Committee Name Build Montana PAC
Complete Mailing Address 810 Hialeah Ct
Helena, MT 59601
(City, State, Zip Code)

TYPE OF COMMITTEE
Political Action Committee

DATE (Required)	Payee Name and Address (Required)	Purpose	In-Kind Description (if applicable)	Amount	Check P=Primary G=General	
10/24/12	Montana AFL-CIO Name 810 Hialeah Ct Address Helena, MT 59601 City, State, Zip	Reimburse all payroll expenses for Released Staff (canvassers)		5442.12	P <input type="checkbox"/>	G <input checked="" type="checkbox"/>
	Name Address City, State, Zip				P <input type="checkbox"/>	G <input type="checkbox"/>
	Name Address City, State, Zip				P <input type="checkbox"/>	G <input type="checkbox"/>

This report **must be signed by an officer** whose name is on the Statement of Organization (Form C-2) on file in our office. If you submit online, a signed hard copy must be mailed as well.

Signature

Treasurer
Title

10/24/12
Date

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount	
				PRIMARY	GENERAL
3. Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
_____ Name _____ Address _____ City, State, Zip Code					
_____ Brush Fire Strategies _____ Name 1000 Potomac St NW, Ste 500 _____ Address Washington, DC 20007 _____ City, State, Zip Code	Paid calls for Steve Bullock for Governor	Steve Bullock	11/7/12		12,230.48
_____ 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					12,230.48
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total					178,659.80

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
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 <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u> .			
Originally Reported on SCHEDULE		As Originally Reported	Explain Correction
DATE			

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED