

KALISPELL PUBLIC SCHOOLS
ELECTION PACKET

Kalispell Elementary
2 Seats 3 Year Term

Election Administrator:

Gwyn M. Andersen 751-3412

General Contact 751-3445

Due March 28, 2019 4:30 P.M.

KPS District Business Office

233 1st Avenue East

Kalispell, MT 59901

KALISPELL ELEMENTARY School District No. 5

Board of Trustee

Election Packet

1. Oath of Candidacy Form

The following positions on the Kalispell Elementary School District No. 5 Board of Trustees:

2 3 year positions

This form must be notarized, only sign the form in front of a notary.

The School District Business Office can provide notary service if you chose to submit your form in person at the business office.

Candidate must be registered to vote at the time the Oath of Candidacy is filed.

2. C1 Statement of Candidate

This form is required by the Secretary of State's office.

Complete this form and submit it with the other forms to the School District Business office and we will keep a copy of the form and send the original on to the Secretary of State's office.

3. C5 Instructions for Reporting Campaign Finances

4. C5 Form for Reporting Campaign Finances

Read the instructions carefully for reporting campaign finances directly to the Secretary of State's office.

There is also an option to report on-line and you can go to the Secretary of State's website to do that.

If you do NOT have any campaign expenditures there is no reporting to be done.

5. Code of Fair Campaign Practices

This information is provided for your information only.

Deadline for Filing: Thursday, March 28, 2019 4:30 p.m.

Submit Forms: 1 and 2

Submit Forms to: School District No. 5 Business Office

Location for Submission: 233 First Avenue East

Kalispell, Montana 59901

Entry is from the parking area on the north side of the building. The business office is up 3 flights of stairs and at the very end of the hallway.

If you would prefer to have someone come to the entrance there is a telephone just inside the door for your use, can dial extension 3423 and someone will come and help you.

Office Hours: 8:00 a.m. to 4:30 p.m.

Monday through Friday

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk/Election Administrator of School District No. _____, _____
County, State of Montana:

Filing for the office of School District Trustee: For a ____-year term at the Annual Regular School District
Election to be held on the ____ day of May, 20__.

Candidate Name (Print): _____

Mailing address: _____

City and State: _____ Zip Code: _____

Residence address: _____

City and State: _____ Zip Code: _____

Contact Phone: _____ Email Address: _____

*I hereby affirm that I possess, or will possess, within the constitutional and statutory deadlines, the
qualifications prescribed by the Constitution and law of the United States and the State of Montana.*

DATED this ____ day of _____, 20__

(Signature of Candidate)

Candidate must sign and acknowledge this Declaration of Intent before a Notary Public, if mailed, or
before the Election Administrator or Deputy, if delivered in person.

State of Montana, County of _____

Signed and sworn to before me this ____ day of _____, 20__, by _____
Printed Name of Candidate

Signature of Notary or Public Official

Printed name of Notary or Public Official

Notary Public for the State of Montana

Residing at: _____

My Commission Expires: _____, 20__

SEAL/STAMP

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

Candidate Name (Print): _____

This Declaration of Intent for a trustee position must be submitted to the school district clerk/election administrator no later than 40 days before the election. **20-3-305, MCA**

Pursuant to **13-37-206, MCA**, all candidates for trustee positions in first-class districts located in counties with populations of 15,000 or more OR in county high school districts having student enrollments of 2,000 or more must report their campaign finance activities to the Montana Commissioner of Political Practices. Current forms are available at:

<http://politicalpractices.mt.gov/5campaignfinance/candidateinfo.mcp.x>.

Please return this form to:

Name of Election Official: _____

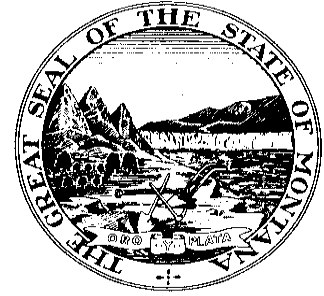
Representing: _____

Address: _____ City, State, Zip _____

Fax: _____ Email: _____

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1209 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov



E-MAIL ADDRESS REQUEST

FORM C-1-A STATEMENT OF CANDIDATE

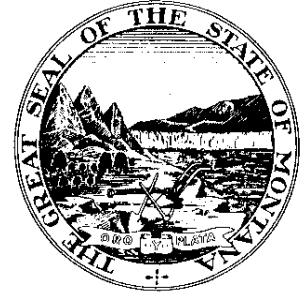
We are continuing to make efforts to reduce agency operating costs. To complement these efforts, I am requesting that each candidate filing a form C-1-A Statement of Candidate provide, if available, their e-mail address and their treasurer's e-mail address. Thereafter, communications from this office will be electronic. To go completely paperless, simply navigate to our Featured Online Services from our homepage, and use our new on-line candidate filing forms.

Thank you for your assistance.

Jeff Mangan
Commissioner

January, 2018

COMMISSIONER OF POLITICAL PRACTICES
1209 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
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WEBSITE: www.politicalpractices.mt.gov



INSTRUCTIONS (Revised 1/18) FORM C-1-A STATEMENT OF CANDIDATE

WHO IS REQUIRED TO FILE A FORM C-1-A?

- All candidates campaigning for county and municipal offices must file a Form C-1-A.
- All candidates campaigning for school trustee offices in first-class districts located in counties with populations of 15,000 and more or in county high school districts having student enrollments of 2,000 or more must file a Form C-1-A.

WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205, the following information is required to be reported:

- full name and complete mailing address of the treasurer;
- full name and complete mailing address of any deputy treasurer; and
- full name and complete address of the depository in which the campaign account is located.

Please note:

- *A candidate may appoint himself or herself as the campaign treasurer or deputy treasurer. Such an appointment subsequently may be changed by filing an amended Form C-1-A.*
- *The treasurer of a candidate's campaign is responsible for keeping detailed accounts of all contributions received and expenditures made by the campaign.*
- *The treasurer of a candidate's campaign is the individual to whom correspondence and notices will be sent unless the Commissioner's office is otherwise directed.*
- *A separate bank account must be established for a campaign in which any funds, including the candidate's personal funds, will be received or spent, that is, Box B or C is checked on the Affidavit of Reporting Status on Form C-1-A.*
- *Collecting of general funds during a contested primary are required to be maintained in a separate account.*

In accordance with 44.11.304(2)Administrative Rules of Montana, if Box B has been checked and more than \$500 subsequently is received and/or expended, an initial financial report (Form C-5) must be filed within five (5) days of exceeding \$500 and financial reports must be filed according to schedule.

WHEN MUST A FORM C-1-A BE FILED?

A Form C-1-A must be filed within five (5) days after receiving or spending money, appointing a campaign treasurer, or filing for office, whichever occurs first.

WHERE MUST A FORM C-1-A BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be retained for the candidate's records.

COMMISSIONER OF POLITICAL PRACTICES

1209 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov

Form C-1-A (Revised 01/18)

Statement of Candidate

TO BE FILED by CANDIDATE for COUNTY, MUNICIPAL or SCHOOL OFFICE

ORIGINAL FILING

AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

FOR OFFICE USE ONLY
Date Received and Postmark Date

FULL NAME OF CANDIDATE _____

COMPLETE DESCRIPTION OF OFFICE SOUGHT _____

PARTY AFFILIATION, if any _____ COUNTY OF RESIDENCE _____

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 _____

FULL NAME OF CAMPAIGN TREASURER _____
(Must be registered to vote in Montana)

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 _____

FULL NAME OF DEPUTY TREASURER, if any _____
(Must be registered to vote in Montana)

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

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

CAMPAIGN ACCOUNT INFORMATION

FULL NAME OF BANK _____

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

AFFIDAVIT OF REPORTING STATUS (Check one) *a treasurer and bank must be designated.*

B I certify that I expect the total amount of contributions or expenditures will not exceed \$500 (including personal funds); however, if more than \$500 is received and/or expended, within 5 days of reaching this threshold I will file an initial financial report (form C-5) and I will file additional financial reports according to schedule.

C I expect to receive contributions and/or make expenditures exceeding \$500 (including personal funds). I will file an initial financial report (form C-5) according to schedule.

CERTIFICATION: I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true, complete and correct.

Candidate's Signature

Date

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

FORM C-5 (Revised 08/08)
CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING

OR

AMENDED FILING

REPORTING PERIOD: From _____ To _____

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

<p>_____ FULL NAME OF CANDIDATE</p> <p>_____ COMPLETE MAILING ADDRESS <i>(Include City, State, Zip Code)</i></p>	<p>COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required)</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>Initial Report</td></tr> <tr><td><input type="checkbox"/></td><td>Periodic Report</td></tr> <tr><td><input type="checkbox"/></td><td>Closing Report</td></tr> <tr><td><input type="checkbox"/></td><td>No transactions in period</td></tr> </table>	<input type="checkbox"/>	Initial Report	<input type="checkbox"/>	Periodic Report	<input type="checkbox"/>	Closing Report	<input type="checkbox"/>	No transactions in period
<input type="checkbox"/>	Initial Report									
<input type="checkbox"/>	Periodic Report									
<input type="checkbox"/>	Closing Report									
<input type="checkbox"/>	No transactions in period									
<p>CASH SUMMARY: MONEY RECEIVED AND SPENT</p> <p>1. CASH IN BANK – Balance from previous report.....</p> <p>2. RECEIPTS – Total received and deposited this period from Schedule A.....</p> <p>3. CORRECTIONS – Addition or subtraction from Schedule D (Circle: + or --)</p> <p style="text-align: right;">Subtotal.....</p> <p>4. EXPENDITURES – Total paid out this period from Schedule B.....</p> <p>5. CASH IN BANK – Ending balance this report.....</p>	<p style="text-align: center;">PRIMARY</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ _____</p> <p>-- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">GENERAL</p> <p>\$ _____</p> <p>\$ _____</p> <p>+ _____</p> <p>-- \$ _____</p> <p>\$ _____</p> <p>-- \$ _____</p> <p>\$ _____</p>								

CERTIFICATION

I, _____, _____, declare under penalty of perjury and under the laws of the state of Montana that the foregoing including all attachments is true, complete and correct, in accordance with Montana Code Annotated, Title 13, chapter 37.

 Signature

*NOTE: Report **MUST BE SIGNED** by the candidate or candidate's treasurer whose name is on the Statement of Candidate form on file in the office of the Commissioner of Political Practices.*

SCHEDULE A. Receipts – This Reporting Period			In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
			PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
1. Candidate's Personal Contributions								
2. Contributions Less Than \$35 Each								
3. Loans Creditor's full name/complete mailing address <i>REQUIRED</i>	Occupation & Employer <i>REQUIRED</i>	Loan Date <i>Required</i>						
	_____ Occupation _____ Employer							
	_____ Occupation _____ Employer							
	_____ Occupation _____ Employer							
4. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (<i>Describe</i>)		Date <i>Required</i>						
TOTAL RECEIPTS THIS PAGE								

SCHEDULE A. Receipts – This Reporting Period (continued)		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
5. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Date Received <u>Required</u>						
_____ 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							
_____ Registered Name _____ Address _____ City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE							

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
6. Political Party Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
_____ Name _____ Address _____ City, State, Zip Code							
_____ Name _____ Address _____ City, State, Zip Code							
_____ Name _____ Address _____ City, State, Zip Code							
7. Incidental Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
_____ Name _____ Address _____ City, State, Zip Code							
8. Other Political Committee Contributions Full name & complete mailing address <i>REQUIRED</i>	Date <i>Required</i>						
_____ Name _____ Address _____ City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE							

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 Full name, complete mailing address, occupation, & employer		In-Kind Description & Value		Cash or Check Amount		Total to Date Amount	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
_____ 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 <u>Include ALL of Schedule A (Sections 1 - 9) in this total</u>							

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 <i>REQUIRED</i>				
_____ Name _____ Address _____ City, State, Zip Code				
_____ 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

TOTAL EXPENDITURES THIS REPORTING PERIOD ALL of Schedule B (Sections 1 & 2) in this total

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor <i>REQUIRED</i>	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 DATE	SCHEDULE	As Originally Reported	Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED