

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Montanans for Limited Government

ADDRESS (number and street) P.O. Box 1154

Check if different than previously reported. (ACC) Lolo MT 59847

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

Applied for

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER). (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 04 29 2014 through 05 09 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathryn Kay

Signature of Treasurer Kathryn Kay Date 05 09 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

14031233882

FEGAN025

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Montanans For Limited Government

Report Covering the Period:

From:

04 29 2014

To:

05 09 2014

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<u>0</u>	<u>0</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>0</u>	
(c) Total Receipts (from Line 19).....	<u>35,000.00</u>	<u>35,000.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>35,000.00</u>	<u>35,000.00</u>
7. Total Disbursements (from Line 31).....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

14031233883

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

Month and year selection boxes for the start date.

To:

Month and year selection boxes for the end date.

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

35,000.00

35,000.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

35,000.00

35,000.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

35,000.00

35,000.00

12. Transfers From Affiliated/Other Party Committees.....

0-

0-

13. All Loans Received.....

0-

0-

14. Loan Repayments Received.....

0-

0-

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0-

0-

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0-

0-

17. Other Federal Receipts (Dividends, Interest, etc.).....

0-

0-

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0-

0-

(b) Levin Funds (from Schedule H5).....

0-

0-

(c) Total Transfers (add 18(a) and 18(b))..

0-

0-

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

35,000.00

35,000.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

35,000.00

35,000.00

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DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

- 21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share
(ii) Non-Federal Share
(b) Other Federal Operating Expenditures
(c) Total Operating Expenditures
22. Transfers to Affiliated/Other Party Committees
23. Contributions to Federal Candidates/Committees and Other Political Committees
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)
26. Loan Repayments Made
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees
(b) Political Party Committees
(c) Other Political Committees (such as PACs)
(d) Total Contribution Refunds
29. Other Disbursements
30. Federal Election Activity (2 U.S.C. §431(20))
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share
(ii) "Levin" Share
(b) Federal Election Activity Paid Entirely With Federal Funds
(c) Total Federal Election Activity
31. Total Disbursements
32. Total Federal Disbursements

Table with 1 column for Column A values. Values include 0-, 23,547.59, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 23,547.59, 23,547.59.

Table with 1 column for Column B values. Values include 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 0-, 23,547.59, 23,547.59.

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DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35000 00	35000 00
34. Total Contribution Refunds (from Line 28(d)) .....	0 -	0 -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35000 00	35000 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0 -	0 -
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 -	0 -
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0 -	0 -

1403123386



FEBAN006



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Montanans for Limited Government**

**A.** Full Name (Last, First, Middle Initial)  
**McEwen, George B.**

Mailing Address  
**2997 Bateman Rd**

City **Alva** State **W** Zip Code **33920**

FEC ID number of contributing federal political committee. **NA**

Name of Employer **Self** Occupation **Race horse owner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350000**

Date of Receipt  
**04/29/2014**

Amount of Each Receipt this Period  
**350000**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ **350000**

TOTAL This Period (last page this line number only) ▶

14031233887

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) **Montanans for Limited Government** FEC IDENTIFICATION NUMBER **C Applied For**

Check if  24-hour report  48-hour report  New report  Amends report filed on

14031233888

Full Name of Payee **Commonsense Development (Mark Zar)** Date of Public Distribution/Dissemination **05 09 2014**

Mailing Address **4321 W. Fremont St.** Amount **1200.00**

City **Boise** State **ID** Zip Code **83706** Date of Disbursement or Obligation **05 09 2014**

Purpose of Expenditure **Website + Facebook Development** Category/Type

Name of Federal Candidate  Support  Office Sought:  House District:  Oppose  President  Senate State:

Calendar Year-To-Date Per Election for Office Sought  Disbursement For:  Primary  General  Other (specify) ▶

Full Name of Payee **Town square Media** Date of Public Distribution/Dissemination **05 13 2014**

Mailing Address **3250 S. Reserve** Amount **3790.00**

City **Missoula** State **MT** Zip Code **59801** Date of Disbursement or Obligation **05 08 2014**

Purpose of Expenditure **Advertising (radio)** Category/Type

Name of Federal Candidate  Support  Office Sought:  House District:  Oppose  President  Senate State:

Calendar Year-To-Date Per Election for Office Sought  Disbursement For:  Primary  General  Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **4970.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**Montanans for Limited Government**

FEC IDENTIFICATION NUMBER  
**C Appointed for**

Check if  24-hour report  48-hour report  New report  Amends report filed on

Full Name of Payee  
**Mojo 92.5**

Mailing Address  
**P.O. Box 31246**

City State Zip Code  
**Billings, MT 59107**

Purpose of Expenditure  
**Radio Advertising**

Name of Federal Candidate  
 Support  Oppose

Date of Public Distribution/Dissemination  
**05/10/2014**

Amount  
**2695.00**

Date of Disbursement or Obligation  
**05/09/2014**

Office Sought:  House  Senate  President  District: State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary  General  Other (specify)

Full Name of Payee  
**Townsquare Media Billings**

Mailing Address  
**27 N. 27th St. 23rd Floor**

City State Zip Code  
**Billings MT 59101**

Purpose of Expenditure  
**Radio Advertising**

Name of Federal Candidate  
 Support  Oppose

Date of Public Distribution/Dissemination  
**05/12/2014**

Amount  
**7045.20**

Date of Disbursement or Obligation  
**05/08/2014**

Office Sought:  House  Senate  President  District: State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary  General  Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... **9750.20**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

14031233889



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Montanans for Limited Government</b>		FEC IDENTIFICATION NUMBER <b>C Applied For</b>	
Check if <input type="checkbox"/> 24-hour report	<input checked="" type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Northern Broadcasting System</b>	Date of Public Distribution/Dissemination <b>05/12/2014</b>
Mailing Address <b>600 First Avenue North</b>	Amount <b>300000</b>
City <b>Billings</b> State <b>MT</b> Zip Code <b>5901</b>	Date of Disbursement or Obligation <b>05/09/2014</b>
Purpose of Expenditure <b>Radio Advertising</b>	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>The Outpost</b>	Date of Public Distribution/Dissemination <b>05/08/2014</b>
Mailing Address <b>821 N. 27th St, Suite C #262</b>	Amount <b>330400</b>
City <b>Billings</b> State <b>MT</b> Zip Code <b>59801</b>	Date of Disbursement or Obligation <b>05/07/2014</b>
Purpose of Expenditure <b>Print ads</b>	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<b>630400</b>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date **05/09/2014**

14031233890

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) **Montanans for Limited Government**

FEC IDENTIFICATION NUMBER **C Applied for**

Check if  24-hour report  48-hour report  New report  Amends report filed on

Full Name of Payee **STARadio**

Date of Public Distribution/Dissemination **05/13/2014**

Mailing Address **1300 Central Ave W.**

Amount **24,300.00**

City **Great Falls, MT** State **MT** Zip Code **59404**

Date of Disbursement or Obligation **05/09/2014**

Purpose of Expenditure **Radio advertising** Category/Type

Name of Federal Candidate  Support  Oppose Office Sought:  House  Senate  President  State: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary  General  Other (specify) ▶

Full Name of Payee **Bluehost**

Date of Public Distribution/Dissemination **05/08/2014**

Mailing Address **560 Tinpanogos Pkwy.**

Amount **933.9**

City **Orem UT** State **UT** Zip Code **84097**

Date of Disbursement or Obligation **05/08/2014**

Purpose of Expenditure **Website Host** Category/Type

Name of Federal Candidate  Support  Oppose Office Sought:  House  Senate  President  State: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary  General  Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>25,233.9</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>23,547.59</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kathryn Kay, Treasurer*  
Signature

Date **05/09/2014**

14031233891

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

USPS First Class Mail

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Postmarked (R/C)

USPS Priority Mail

Postmarked

USPS Priority Mail Express

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

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N/A  
 PREPARER

N/A  
 DATE PREPARED

14031233892