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COUNTY

YELLOWSTONE COUNTY  
CLERK AND RECORDER

## Sworn Statement of Circulation

(To be filed with the County Clerk and Recorder  
in the county of publication prior to July 1 of each year)

To: Clerk and Recorder:

Yellowstone

County

In accordance with the provisions of MCA 7-1-2121 and MCA 7-5-2411, the following information needs to be filed with the County Clerk and Recorder in the county of publication prior to July 1 of each year in order to be considered as a publication which is qualified to publish legal advertising wherever local governments, other than a municipality, are required by law to give notice by publication; and to be eligible to contract with the County Commissions for all advertising required by law.

Name of Publication: Billings Gazette

Mailing Address: Po Box 36300

City: Billings State: MT Zip: 59107 Tel: 406-657-1200

Publisher's Name: Dave Worstell

Date Publication Established: May 2, 1885

Is the Publication of General Circulation? ☒ Yes ☐ No

Has the Publication been published continuously at least once a week for the prior 12 months in the county? Yes

Number of Days per Week Publication is published: 7

Is the Publication required to publish a United States Postal Service Periodical Statement of Ownership, Management and Circulation?

☒ Yes ☐ No


If "Yes", please include a copy of the Statement of Ownership for the prior year.

**CIRCULATION INFORMATION:** For the 12 months prior to July 1 of the filing year.

	Within County	Outside of County
Average Net Circulation Paid:		
By Mail or Carrier	<u>2832</u>	<u>897</u>
By Rack or Newsstand	<u>208</u>	<u>208</u>
Average Net Circulation Free:		
By Mail or Carrier	<u>56</u>	<u>15</u>
By Rack or Newsstand	<u>240</u>	<u>99</u>
Total Average Net Circulation Per Issue:*	<u>3,336</u>	<u>1,219</u>

\* All figures are to be net, subtracting circulation not actually delivered.

*I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form, or who omits material or information requested on the form may be subject to criminal and/or civil sanctions as provided by law.*

 Date 6/30/25

Signature and Title of Editor, Publisher, Business Manager, or Owner

**Statement of Ownership, Management and Circulation**  
**(All Periodicals Publications Except Requester Publications)**

1. Publication Title <b>Billings Gazette</b>		2. Publication Number 5 6 2 0 0		3. Filing Date 06/30/2024	
4. Issue Frequency Everyday Except Some Holidays		5. Number of Issues Published Annually 356		6. Annual Subscription Price \$1,221.00	
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4) Add 1: P.O. Box 36300 Billings MT 59107 Add 2: 401 North 28th St City, State ZIP: Billings, Yellowstone County, MT 59101-1243				Contact Person Robert Ronco Telephone (541) 619-8582	
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not Printer) Add 1: P.O. Box 36300 Billings MT 59107 Add 2: 401 North 28th St City, State ZIP: Billings, Yellowstone County, MT 59101-1243					
9. Full Names and Complete Mailing Addresses of Publisher, Editor and Managing Editor (do not leave blank)					
Publisher (Name and complete mailing address) Name: Dave Worstell Add 1: P.O. Box 36300 Billings MT 59107 Add 2: 401 North 28th St City, State ZIP: Billings, Yellowstone County, MT 59101-1243					
Editor (Name and complete mailing address) Name: Steve Kiggins Add 1: P.O. Box 36300 Billings MT 59107 Add 2: 401 North 28th St City, State ZIP: Billings, Yellowstone County, MT 59101-1243					
Managing Editor (Name and complete mailing address) Name: Steve Kiggins Add 1: P.O. Box 36300 Billings MT 59107 Add 2: 401 North 28th St City, State ZIP: Billings, Yellowstone County, MT 59101-1243					

10. Ownership and Control. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of all individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.

Full Name	Complete Mailing Address
Quint Digital	403 Prabhakar Kirtan, 17, Rajendra Place, Delhi India, 110008
Mackie Research Capital Corporation	Commerce Court West, Box 368 Toronto, ON M5L 1G2 Canada
Selas Capital Management LLC	1063 Post Road, 2nd Floor Darien, Connecticut 06820-5446 United States
Practorian Capital Management LLC	119 Washington Avenue, Suite 600 Miami Beach, Florida 33139 United States
Cannell Capital LLC	245 Meriwether Circle, Altu, Wyoming 83414-4561, United States
The Vanguard Company	100 Vanguard Boulevard, V 26, Malvern, Pennsylvania 19355-2331 United States
Junko Mary E	4660 East 53rd Street, Davenport, IA 52807-3479 United States
Garnco Asset Management, Inc.	41 Mason Street, Greenwich CT 06830, United States
Schermer Gregory P	136 East 3rd Street, Davenport, IA 52801
Mowbray Kevin D	4660 East 53rd Street, Davenport, IA 52807-3479 United States
Gabelli Funds LLC	One Corporate Center Rye, NY 10580-1435 United States
Mason P. Slaine Revocable Trust	701 Brickell Avenue, Suite 330, Miami, FL 33131 United States
Wittenburg Investment Management, Inc	650 Concord Street, Suite 203 Carlisle, Massachusetts 01741-1581 United States
David Brian D	25 Melbourne Place, Buffalo, New York 14212
JBK Capital, Inc	306 West Francis Street, Aspen CO 81611 United States

11. Known Bondholders, Mortgagees and Other Security Holders Owning or Holding 1 Percent or more of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box

Full Name	Complete Mailing Address
Berkshire Hathaway	3555 Farnam St, Omaha, NE 68131-3378

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates). (Check one)

The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

☒ Has Not Changed During Preceding 12 Months

☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement below)

PS Form 3526, July 2014

13. Publication Title <b>Billings Gazette</b>		14. Issue Date for Circulation Data Below 06/23/2024	
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)		7,136	7,211
(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		514	526
b. Paid and/or Requested Circulation		212	223
(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)			
(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales and Other Paid Distribution Outside USPS		4,689	4,593
(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail)		0	0
c. Total Paid Distribution (Sum of 15b, (1), (2), (3), and (4))		5,416	5,342
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)		5	5
(1) Free or Nominal Rate Outside-County Copies Included on PS Form 3541		2,97	3
(2) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)		0	0
(3) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)		527	597
(4) Free or Nominal Rate Distribution Through the Mail (Carriers or other means)		535	605
e. Total Free or Nominal Rate Distribution (Sum of 15d, (1), (2), (3) and (4))		5,951	5,947
f. Total Distribution (Sum of 15c, and 15e)		1,185	1,264
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		7,136	7,211
h. Total (Sum of 15f and g.)		91.01%	89.83%
i. (15f Divided by 15f Times 100)			

\* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

16. Electronic copy Circulation			
If present, check box			
a. Paid Electronic Copies		13,278	12,872
b. Total Paid Print Copies (Line 15f) + Paid Electronic Copies (Line 16a)		18,694	18,214
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a)		19,229	18,819
d. Percentage Paid (Both Print & Electronic Copies (16b divided by 16c x 100))		97.22%	96.79%

☒ I certify that 50% or more of my distribution copies (electronic and print) are paid above a nominal price.

17. Publication of Statement of Ownership

☒ Publication required Will be printed in the 06/30/2024 issue of this publication. ☐ Publication not required

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

John Schermer Title Dir Dir of Consumer Svcs & Operations Date 06/05/2024

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).