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January 29, 2007

Federal Election Commission  
999 E. Street N.W.  
Washington, D.C. 20463

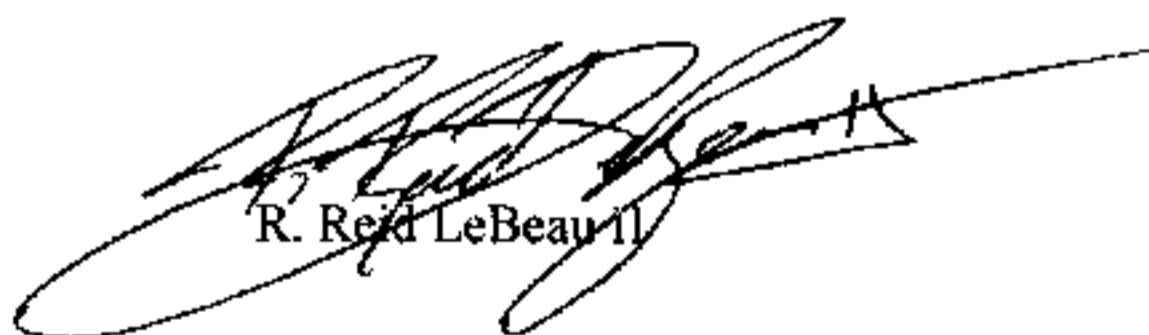
Re: Year End Report

To Whom It May Concern:

Enclosed please find the year-end report of Mille Lacs Band of Ojibwe. Should you have any questions or concerns please contact me at (612) 596-4071.

Regards,

LOCKRIDGE GRINDAL NAUEN P.L.L.P.



R. Reid LeBeau II

RRL/sm  
Enclosure

RECEIVED  
FEDERAL ELECTION COMMISSION  
AM 11:32

27039372019

# FEC FORM 5

RECEIVED  
FEC MAIL CENTER

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

at 11:32

1. (a) Name of Individual, Organization or Corporation <b>MILLE LACS BAND OF OJIBWE</b>		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) check if different than previously reported <b>43408 OODENA DRIVE</b>		
(c) City, State and ZIP Code <b>ONAMIA MN 56359</b>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

### 4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- X January 31 Year-End Report
- 24-Hour Report
- 48-Hour Report

b) Is this Report an amendment? Yes  No

### 5. COVERING PERIOD: FROM

10 19 2006

THROUGH

01 31 2007

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

1,484.77

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**Tadd M. Johnson**  
TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE



 1/27/07

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

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

27029372020

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF

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 FILER (In Full)

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

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.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

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

**TOTAL** This Period (last page carry total to Line 6) ▶

27039372021

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (in Full)  
**MILLE LACS BAND OF OJIBWE**

Full Name (Last, First, Middle Initial) of Payee <b>GOFF &amp; HOWARD</b>		Date <b>10 19 2006</b>
Mailing Address <b>255 E. KELLOGG BLVD. SUITE 102</b>		Amount <b>, 3 3 9 . 4 8</b>
City <b>ST. PAUL</b>	State <b>MN</b>	
Zip Code <b>55102</b>		
Purpose of Expenditure <b>PRINT AD</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>AMY KLOBUCHAR</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>, 3 3 9 . 4 8</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>GOFF &amp; HOWARD</b>		Date <b>10 19 2006</b>
Mailing Address <b>255 E. KELLOGG BLVD. SUITE 102</b>		Amount <b>, 3 3 9 . 4 8</b>
City <b>ST. PAUL</b>	State <b>MN</b>	
Zip Code <b>55102</b>		
Purpose of Expenditure <b>PRINT AD</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: <u>8</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JIM OBERSTAR</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>, 3 3 9 . 4 8</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>GOFF &amp; HOWARD</b>		Date <b>10 30 2006</b>
Mailing Address <b>255 E. KELLOGG BLVD. SUITE 102</b>		Amount <b>, 2 0 1 . 4 4</b>
City <b>ST. PAUL</b>	State <b>MN</b>	
Zip Code <b>55102</b>		
Purpose of Expenditure <b>SAMPLE BALLOT</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>AMY KLOBUCHAR</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>, 5 4 0 . 9 2</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

27039372022

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**MILLE LACS BAND OF OJIBWE**

Full Name (Last, First, Middle Initial) of Payee <b>GOFF &amp; HOWARD</b>		Date <b>10 30 2006</b>	
Mailing Address <b>255 E. KELLOGG BLVD.</b>		Amount	
City <b>ST. PAUL</b>	State <b>MN</b>	Zip Code <b>55102</b>	<b>, , 201.44</b>
Purpose of Expenditure <b>PRINT AD</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: <b>8</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JIM OBERSTAR</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>540.92</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) <b>▶</b>	

Full Name (Last, First, Middle Initial) of Payee <b>GOFF &amp; HOWARD</b>		Date <b>10 30 2006</b>	
Mailing Address <b>255 E. KELLOGG BLVD.</b>		Amount	
City <b>ST. PAUL</b>	State <b>MN</b>	Zip Code <b>55102</b>	<b>, , 201.44</b>
Purpose of Expenditure <b>SAMPLE BALLOT</b>	Category/Type <b>0 0 4</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: <b>5</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KEITH ELLISON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>201.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) <b>▶</b>	

Full Name (Last, First, Middle Initial) of Payee <b>GOFF &amp; HOWARD</b>		Date <b>10 30 2006</b>	
Mailing Address <b>255 E. KELLOGG BLVD.</b>		Amount	
City <b>ST. PAUL</b>	State <b>MN</b>	Zip Code <b>55102</b>	<b>, , 201.44</b>
Purpose of Expenditure <b>SAMPLE BALLOT</b>	Category/Type <b>0 0 4</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: <b>4</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY MCCOLLUM</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>201.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) <b>▶</b>	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>, , .</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<b>, , .</b>
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	<b>, , 1,484.77</b>

270M937202N

**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 Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

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

*EW* 2/1/07  
**PREPARER** **DATE PREPARED**

27039372024