[illegible] RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Montana Indian Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 130

CITY, STATE and ZIP CODE
Pablo, Montana 59855

AUG 4 10 56 AM '95

2. FEC IDENTIFICATION NUMBER
C00299677

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY

5. Covering Period October 24, 1994 through January 31, 1995

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 95		$ 0
(b) Cash on Hand at Beginning of Reporting Period	$ 0	
(c) Total Receipts (from Line 19)	$ 1885.00	$ 1885.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1885.00	$ 1885.00
7. Total Disbursements (from Line 30)	$ 1455.00	$ 1455.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 430.00	$ 430.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Michael T. Pablo

Signature of Treasurer
Michael T Pablo

Date
January 27, 1995

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

FEC FORM 3X
(revised 9/93)

95039915115

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM TO:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1885.00	1885.00
ii. Unitemized	0	0
iii. Total (add i and ii) ➤	1885.00	1885.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	1885.00	1885.00
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.)	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 Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1885.00	1885.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1885.00	1885.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	55.00	55.00
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (add a i, a ii, and b) ➤	55.00	55.00
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	1400.00	1400.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1455.00	1455.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1400.00	1400.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1885.00	1885.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	1885.00	1885.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	55.00	55.00
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	55.00	55.00

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 4

FOR LINE NUMBER 11(a)(1)

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): Montana Indian PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael T. Pablo Route 1, Box 5 Niarada, MT 59852 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Chairman Aggregate Year-to-Date: $ 100.00	10-27-94	$100.00
B. William Swaney 3235 Timberlane Road Ronan, MT 59864 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish and Kootenai Tribes, Pablo, MT 59855 Occupation: Program Manager Aggregate Year-to-Date: $20.00	10-27-94	$20.00
C. Anne Sorrell 124 3rd Ave. S.E. Ronan, MT 59864 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Program Analyst Aggregate Year-to-Date: $20.00	10-27-94	$20.00
D. Carole McCrea 17 4th Ave. S.E. Ronan, MT 59864 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Council Representative Aggregate Year-to-Date: $ 25.00	10-27-94	$25.00
E. John Sunchild Box 544, Rocky Boy Route Box Elder, MT 59521 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Chippewa Cree Tribes Box Elder, MT Occupation: Chairman Aggregate Year-to-Date: $ 25.00	10-27-94	$25.00
F. Harlan Mount Box 852 Harlem, MT 59824 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Ft. Belknap Community Council Harlem, MT 59824 Occupation: Chairman Aggregate Year-to-Date: $25.00	10-27-94	$25.00
G. Earl Old Person Box 486 Browning, MT 59417 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Blackfeet Tribe Browning, MT 59417 Occupation: Chairman Aggregate Year-to-Date: $25.00	10-27-94	$25.00

SUBTOTAL of Receipts This Page (optional) $240.00

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

9 5 0 3 9 5 1 5 1 1 7

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 4

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Montana Indian PAC

Full Name, Mailing Address and ZIP Code	Receipt For	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Alvin Windy Boy P.O. Box 917 Box Elder, MT 59521	[ ] Primary [X] General [ ] Other (specify):	Chippewa Cree Tribes Box Elder, MT 59521 Council Representative $ 25.00	10-27-94	$25.00
B. Rhonda Lankford 10 Glacier Lily Lane Ronan, MT 59864	[ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Tribal Attorney $ 25.00	10-27-94	$25.00
C. Kevin Howlett P.O. Box 135 Arlee, MT 59821	[ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Program Officer $20.00	10-27-94	$20.00
D. Deborah Wetsit 117 Wapakyia Drive Missoula, MT 59802	[ ] Primary [X] General [ ] Other (specify):	University of Montana Missoula, MT 59802 Professor $50.00	10-27-94	$50.00
E. Jeannine Padilla P.O. Box 402 Pablo, MT 59855	[ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Fiscal Analyst $5.00	11-04-94	$5.00
F. Kimberly Swaney 410 Peche Lane Ronan, MT 59864	[ ] Primary [X] General [ ] Other (specify):	Cherkoosta Pablo, MT 59855 Reporter $10.00	11-01-94	$10.00
G. Ranald McDonald 8050 Browns Meadow Road Niarada, MT 59852	[ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Tribal Attorney $10.00	10-28-94	$10.00

SUBTOTAL of Receipts This Page (optional) $145.00

TOTAL This Period (last page this line number only)

95039915118

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 4

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Montana Indian PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Roberta Hoe P.O. Box 1474 Polson, MT 59860 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Tribal Attorney Aggregate Year-to-Date: $25.00	11-01-94	$25.00
B. Chippewa Cree Tribe Rocky Boy Route Box 544 Box Elder, MT 59521 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Chippewa Cree Tribes Box Elder, MT 59521 Occupation: Tribal Council Aggregate Year-to-Date: $1,000.00	11-03-94	$1,000.00
C. George Waters 1010 Massachusetts Ave. N.W., STE 210 Washington, D.C. 20001 Receipt For: [ ] Primary [X] General [ ] Other (specify):	George Waters Consulting Washington, D.C. 20001 Occupation: Consultant Aggregate Year-to-Date: $100.00	10-31-94	$100.00
D. Daniel Decker P.O. Box 249 Bonan, MT 59864 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Tribal Attorney Aggregate Year-to-Date: $50.00	10-28-94	$50.00
E. Richard Trudell 319 MacArthur Blvd. Oakland, CA 94610 Receipt For: [ ] Primary [X] General [ ] Other (specify):	American Indian Resource Ctr. Oakland, CA 94610 Occupation: Director Aggregate Year-to-Date: $ 250.00	11-02-94	$250.00
F. Carmen Cornelius Taylor 234 Grinde Bay Lane Polson, MT 59860 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Nat'l Indian School Boards Washington, D.C. 20001 Occupation: Program Director Aggregate Year-to-Date: $40.00	11-07-94	$40.00
G. Carol Mitchell 4165 Old Grant Creek Road Missoula, MT 59802 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self-employed Occupation: Self-employed Aggregate Year-to-Date: $ 25.00	10-27-94	$25.00

SUBTOTAL of Receipts This Page (optional) $1490.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 4

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Montana Indian PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Meiry Hutton 338 S. 2nd W. Missoula, MT 59801 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Grant writer Aggregate Year-to-Date > $10.00	11-08-94	$10.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) > $10.00

TOTAL This Period (last page this line number only) > 1885.00

95039210

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contributions to Federal Candidates

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Montana Indian PAC

A. Full Name, Mailing Address and ZIP Code Pat Williams Alot of folks for Pat Williams P.O. Box 1994 Helena, MT 59601	Purpose of Disbursement Pat Williams, House Candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11-05-94	Amount of Each Disbursement This Period ~~$50.00~~ NOL $500.00
B. Full Name, Mailing Address and ZIP Code Jack Mudd Campaign P.O. Box 9060 Helena, MT 59604	Purpose of Disbursement Jack Mudd, Senate Candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11-05-94	Amount of Each Disbursement This Period $500.00
C. Full Name, Mailing Address and ZIP Code George Miller Friends of George Miller P.O. Box 5864 Concord, CA 94524	Purpose of Disbursement Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11-05-94	Amount of Each Disbursement This Period $100.00
D. Full Name, Mailing Address and ZIP Code Elizabeth Furse Elizabeth Furse for Congress 6200 S.W. Virginia Street Portland, OR 97201	Purpose of Disbursement Elizabeth Furse, House Candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11-05-94	Amount of Each Disbursement This Period $100.00
E. Full Name, Mailing Address and ZIP Code John McCain c/o Deb Gullett P.O. Box 32128 Phoenix, AZ 85064	Purpose of Disbursement John McCain, Senate Candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11-05-94	Amount of Each Disbursement This Period $100.00
F. Full Name, Mailing Address and ZIP Code Dale Kildee 2239 Rayburn House Office Washington, D.C. 20515-2209	Purpose of Disbursement Dale Kildee, House Candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11-05-94	Amount of Each Disbursement This Period $100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	1400.00

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

DISBURSEMENT SCHEDULE B-T

PAGE	OF
FOR LINE 21a	

NAME OF COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
United States Post Office Pablo, MT 59855	Box Rental & Keys	11-22-94	$24.50	$24.50	

CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT
EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Ronan State Bank P.O. Box B Ronan, MT 59864	Checking Acct.	10-27-94	$30.50	$30.50	

CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☒ FUNDRAISING ☐ EXEMPT
EVENT YEAR-TO-DATE: $ ☒ DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT
EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT
EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT
EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT
EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)	$55.00	$55.00	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)			

9 5 0 3 9 9 1 5 1 2

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 8-4-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SRB
PREPARER

8-4-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 9 9 1 5 1 0 3