

Christen M. Sance
Suite 2200
100 Washington Avenue South
Minneapolis, MN 55401
Telephone: (612) 805-9821
Facsimile: (612) 333-0981
csance@lockridge.com

**Lockridge
Grindal
Nauen P.L.L.P.**

Fax

To: Federal Elections Commission From: Christen M. Sance

Fax: 202-219-0174 Pages: 3 (including cover sheet)

Date: October 26, 2004

Re: 24-Hour Report of Independent Expenditures (KR File #20500-53)

For Filing

• **Comments:**

Please call me at (612) 805-9821 if you have any questions. Thank you.

Christen Sance

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation
Mille Lacs Band of Ojibwe

(b) Address (number and street) check if different than previously reported
43409 Odessa Drive

(c) City, State and ZIP Code
Onamia, MN 56359

2. Corporate filers only: Is this filer a qualified nonprofit corporation? Yes No

Individual filers only: Name of Employer _____ Occupation _____

3. FEC Identification Number
C

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-hour Notice 48-hour Notice

July 15 Quarterly Report 12-Day Report preceding the election 30-Day Report following the General Election

October 15 Quarterly Report

January 31 Year-End Report

(b) Is this Report a amendment? Yes No

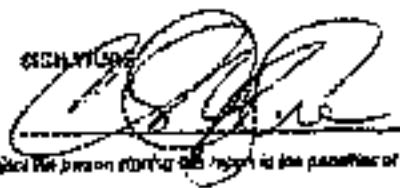
5. COVERING PERIOD: FROM **10 25 2004** THROUGH **10 26 2004**

6. TOTAL CONTRIBUTIONS **0**

7. TOTAL INDEPENDENT EXPENDITURES **1,992.08**

I declare under penalty of perjury that the independent expenditures reported herein were made in cooperation, consultation, or consultation, or not in cooperation, or of the required or suggestion of, any committee or authorized committee of SENATE or 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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: **Christian M. Sande**

SIGNATURE: 

DATE: **10/26/04**

NOTE: Submission of false, erroneous or incomplete information may subject the person filing this report to the penalties of 2 U.S.C. 5305g.

For Further Information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20545. Toll free 800-424-9600, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 7 OF FORM 3

NAME OF FILER (in full)
Mille Laes Band of Ojibwe

Full Name (Last, First, Middle Initial) of Payee
Boff Howard
Date
10/25/2004
Mailing Address
255 East Kellogg Blvd # 102
Amount
1,275.52
City State Zip Code
St. Paul MN 55101

Purpose of Expenditure
Sample Ballot
Category Type
Office Sought
 House
 Senate
 President
District
Check One
 Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure
John Kerry for President
Calendar Year-To-Date For Election or Office Sought
1,275.52
Disbursement For
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Boff Howard
Date
10/25/2004
Mailing Address
255 E. Kellogg Blvd # 102
Amount
616.76
City State Zip Code
St. Paul MN 55101

Purpose of Expenditure
Sample Ballot
Category Type
Office Sought
 House
 Senate
 President
District
Check One
 Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure
James Oberstar for Congress
Calendar Year-To-Date For Election or Office Sought
616.76
Disbursement For
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Date
Mailing Address
City State Zip Code
Amount

Purpose of Expenditure
Category Type
Office Sought
 House
 Senate
 President
District
Check One
 Support Oppose
Name of Federal Candidate Supported or Opposed by Expenditure
Calendar Year-To-Date For Election or Office Sought
Disbursement For
 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures **1892.08**
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures **1892.08**
(carry total from last page forward to Line 7)

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

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<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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