

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Report Covering the Period: From: ^C07 ^D01 ^Y2005 To: ^C09 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^Y 2005		3 3 0 1 7 9 8
(b) Cash on Hand at Beginning of Reporting Period	2 9 1 9 5 9 8	
(c) Total Receipts (from Line 19)	1 0 5 5 6 0	2 0 0 2 6 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3 0 2 5 1 5 8	3 5 0 2 0 5 8
7. Total Disbursements (from Line 30)	2 4 8 0 0 0	7 2 4 9 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2 7 7 7 1 5 8	2 7 7 7 1 5 8
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Report Covering the Period: From: 07 01 2005 To: 09 30 2005

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)	1 0 5 5 6 0	
(ii) Unitemized		
(ii) TOTAL (add Lines 11(a)(i) and (ii)	1 0 5 5 6 0	2 0 0 2 6 0
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)	1 0 5 5 6 0	2 0 0 2 6 0
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1 0 5 5 6 0	2 0 0 2 6 0
20. Total Federal Receipts (subtract Line 18 from Line 19)		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2 4 8 0 0 0	7 2 4 9 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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 (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)		
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	2 4 8 0 0 0	7 2 4 9 0 0

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)		
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial) A. SOLBERG, ROGER			Date of Receipt 0 7 / 0 1 / 2 0 0 5
Mailing Address PO BOX 1093			Amount of Each Receipt this Period 3 7 0 0
City MALTA	State MT	Zip Code 59538	
FEC ID number of contributing federal political committee. C			
Name of Employer BIG FLAT ELECTRIC		Occupation BOARD MEMBER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Dues		Aggregate Year-to-Date ▼ 3 7 0 0	

Full Name (Last, First, Middle Initial) B. GARTNER, COLIN			Date of Receipt 0 8 / 1 7 / 2 0 0 5
Mailing Address BOX 5281 HC 89			Amount of Each Receipt this Period 3 7 0 0
City SIDNEY	State MT	Zip Code 59270	
FEC ID number of contributing federal political committee. C			
Name of Employer LOWER YELLOWSTONE REA		Occupation BOARD MEMBER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 3 7 0 0	

Full Name (Last, First, Middle Initial) C. WHEELIHAN, DAVID			Date of Receipt 0 8 / 1 7 / 2 0 0 5
Mailing Address 1317 24TH AVENUE SW			Amount of Each Receipt this Period 4 0 0 0
City GREAT FALLS	State MT	Zip Code 59404	
FEC ID number of contributing federal political committee. C			
Name of Employer MT ELEC COOP ASSOC.		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 4 0 0 0	

SUBTOTAL of Receipts This Page (optional) ▶ 1 1 4 0 0

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

20090913624

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **2** OF **12**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial)
A. HARDY, DOUG

Mailing Address
PO BOX 1119

City State Zip Code
LIVINGSTON MT 59047

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

Name of Employer Occupation
PARK ELECTRIC MANAGER

Receipt For: Primary General Other (specify) **Dues**

Aggregate Year-to-Date **3 7 0 0**

Date of Receipt
0 8 1 7 2 0 0 5

Amount of Each Receipt this Period
3 7 0 0

Full Name (Last, First, Middle Initial)
B. PASHA, HERBERT

Mailing Address
PO BOX 10

City State Zip Code
HIGHWOOD MT 59450

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

Name of Employer Occupation
SUN RIVER ELECTRIC BOARD MEMBER

Receipt For: Primary General Other (specify) **DUES**

Aggregate Year-to-Date **3 7 0 0**

Date of Receipt
0 8 1 7 2 0 0 5

Amount of Each Receipt this Period
3 7 0 0

Full Name (Last, First, Middle Initial)
C. DOWNEN, JAY

Mailing Address
2 TIDES WAY

City State Zip Code
WHITEFISH MT 59937

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

Name of Employer Occupation
FLATHEAD ELECTRIC BOARD MEMBER

Receipt For: Primary General Other (specify) **DUES**

Aggregate Year-to-Date **3 7 0 0**

Date of Receipt
0 8 1 7 2 0 0 5

Amount of Each Receipt this Period
3 7 0 0

SUBTOTAL of Receipts This Page (optional) **1 1 1 0 0**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **3** OF **12**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial)
A. HOLDEN, LEE

Mailing Address
405 MOUNTAIN VIEW BOULEVARD

City State Zip Code
CUT BANK MT 59427

Date of Receipt
08 17 2005

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
3 7 0 0

Name of Employer Occupation
GLACIER ELECTRIC BOARD MEMBER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **Dues** **3 7 0 0**

Full Name (Last, First, Middle Initial)
B. SWEENEY, SCOTT

Mailing Address
84423 US HIGHWAY 87

City State Zip Code
LEWISTOWN MT 59457

Date of Receipt
08 17 2005

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
3 7 0 0

Name of Employer Occupation
FERGUS ELECTRIC ASST. MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **DUES** **3 7 0 0**

Full Name (Last, First, Middle Initial)
C. HUNTLEY, TOM

Mailing Address
501 BAY DRIVE

City State Zip Code
GREAT FALLS MT 59404

Date of Receipt
08 17 2005

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
3 7 0 0

Name of Employer Occupation
CENTRAL MT ELECTRIC MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **DUES** **3 7 0 0**

SUBTOTAL of Receipts This Page (optional) ▶ **1 1 1 0 0**

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

20050913025

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 4 OF 12

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial)
A. SIBLEY, ALICIA

Mailing Address
64 BLACKWALNUT ROAD

City State Zip Code
NASHUA MT 59248

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

Name of Employer Occupation
VALLEY ELECTRIC BOARD MEMBER

Receipt For: Primary General Other (specify) **Dues**

Aggregate Year-to-Date **3 7 0 0**

Date of Receipt
0 9 0 9 2 0 0 5

Amount of Each Receipt this Period
3 7 0 0

Full Name (Last, First, Middle Initial)
B. PENN, AREATHA

Mailing Address
PO BOX 414

City State Zip Code
EKALAKA MT 59324

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

Name of Employer Occupation
SOUTHEAST ELECTRIC BOARD MEMBER

Receipt For: Primary General Other (specify) **DUES**

Aggregate Year-to-Date **3 7 0 0**

Date of Receipt
0 9 0 9 2 0 0 5

Amount of Each Receipt this Period
3 7 0 0

Full Name (Last, First, Middle Initial)
C. KING, ARTHUR

Mailing Address
1706 CEDAR AVENUE

City State Zip Code
LEWISTON ID 83501

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

Name of Employer Occupation
MT ELEC COOP ASSOC. SAFETY TRAINER

Receipt For: Primary General Other (specify) **DUES**

Aggregate Year-to-Date **2 4 6 4**

Date of Receipt
0 9 0 9 2 0 0 5

Amount of Each Receipt this Period
2 4 6 4

SUBTOTAL of Receipts This Page (optional) **9 8 6 4**

TOTAL This Period (last page this line number only) **9 8 6 4**

250303013527

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE **5** OF **12**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial) A. SCHELL, BILL			Date of Receipt
Mailing Address PO BOX 214			0 9 0 9 2 0 0 5
City	State	Zip Code	Amount of Each Receipt this Period
MEDICINE LAKE	MT	59247	
FEC ID number of contributing federal political committee. C			3 7 0 0
Name of Employer SHERIDAN ELECTRIC		Occupation MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dues		Aggregate Year-to-Date 3 7 0 0	

Full Name (Last, First, Middle Initial) B. MCCONNELL, CLARENCE			Date of Receipt
Mailing Address 1425 6TH AVE NW			0 9 0 9 2 0 0 5
City	State	Zip Code	Amount of Each Receipt this Period
GREAT FALLS	MT	59404	
FEC ID number of contributing federal political committee. C			1 5 4 0
Name of Employer MT ELEC COOP ASSOC		Occupation COMMUNICATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DUES		Aggregate Year-to-Date 1 5 4 0	

Full Name (Last, First, Middle Initial) C. VICKARYOUS, DON			Date of Receipt
Mailing Address HCR 85 BOX 8671			0 9 0 9 2 0 0 5
City	State	Zip Code	Amount of Each Receipt this Period
BONNERS FERRY	ID	83805	
FEC ID number of contributing federal political committee. C			3 7 0 0
Name of Employer NORTHERN LIGHTS		Occupation BOARD MEMBER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DUES		Aggregate Year-to-Date 3 7 0 0	

SUBTOTAL of Receipts This Page (optional)	8 9 4 0
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **6** OF **12**

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial)
A. EDWARDS, FRANK

Mailing Address
HCR 82 BOX 4

City State Zip Code
WHITETAIL MT 59276

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

Name of Employer Occupation
SHERIDAN ELECTRIC BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) **Dues**

Aggregate Year-to-Date **3 7 0 0**

Date of Receipt
0 9 / 0 9 / 2 0 0 5

Amount of Each Receipt this Period
3 7 0 0

Full Name (Last, First, Middle Initial)
B. WIENS, GARY

Mailing Address
416 33RD AVE NE

City State Zip Code
GREAT FALLS MT 59404

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

Name of Employer Occupation
MT ELEC COOP ASSOC ASST. MANAGER

Receipt For:
 Primary General
 Other (specify) **DUES**

Aggregate Year-to-Date **2 4 6 4**

Date of Receipt
0 9 / 0 9 / 2 0 0 5

Amount of Each Receipt this Period
2 4 6 4

Full Name (Last, First, Middle Initial)
C. STANTON, JOHNNIE

Mailing Address
PO BOX 491

City State Zip Code
JORDAN MT 59337

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

Name of Employer Occupation
MT ELEC COOP ASSOC. SAFETY TRAINER

Receipt For:
 Primary General
 Other (specify) **DUES**

Aggregate Year-to-Date **2 4 6 4**

Date of Receipt
0 9 / 0 9 / 2 0 0 5

Amount of Each Receipt this Period
2 4 6 4

SUBTOTAL of Receipts This Page (optional) **8 6 2 8**

TOTAL This Period (last page this line number only)

**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 7 OF 12	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial) A. SCHULTZ, LEANN			Date of Receipt 0 9 / 0 9 / 2 0 0 5
Mailing Address 3505 8TH AVE S			Amount of Each Receipt this Period 2 4 6 4
City	State	Zip Code	
GREAT FALLS	MT	59405	
FEC ID number of contributing federal political committee. C			
Name of Employer MT ELEC COOP ASSOC.		Occupation PROGRAMS AND EVENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Dues		Aggregate Year-to-Date ▼ 2 4 6 4	

Full Name (Last, First, Middle Initial) B. JARDEE, LEROY			Date of Receipt 0 9 / 0 9 / 2 0 0 5
Mailing Address BOX 952 HC 51			Amount of Each Receipt this Period 1 2 0 0
City	State	Zip Code	
EKALAKA	MT	59324	
FEC ID number of contributing federal political committee. C			
Name of Employer SOUTHEAST ELECTRIC		Occupation BOARD MEMBER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 1 2 0 0	

Full Name (Last, First, Middle Initial) C. ROOSE, MARIANNE			Date of Receipt 0 9 / 0 9 / 2 0 0 5
Mailing Address PO BOX 532			Amount of Each Receipt this Period 4 0 0 0
City	State	Zip Code	
EUREKA	MT	59917	
FEC ID number of contributing federal political committee. C			
Name of Employer LINCOLN ELECTRIC		Occupation BOARD MEMBER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 4 0 0 0	

SUBTOTAL of Receipts This Page (optional)	7 6 6 4
TOTAL This Period (last page this line number only)	

**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 8 OF 12	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial) A. GROTBO, MARK			Date of Receipt 0 9 / 0 9 / 2 0 0 5	
Mailing Address PO BOX 729			Amount of Each Receipt this Period 3 7 0 0	
City SHELBY	State MT	Zip Code 59474		
FEC ID number of contributing federal political committee. C				
Name of Employer MARIAS ELECTRIC		Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Dues		Aggregate Year-to-Date ▼ 3 7 0 0		

Full Name (Last, First, Middle Initial) B. LINDBERG, MARK			Date of Receipt 0 9 / 0 9 / 2 0 0 5	
Mailing Address PO BOX 295			Amount of Each Receipt this Period 1 2 0 0	
City SIMMS	State MT	Zip Code 59477		
FEC ID number of contributing federal political committee. C				
Name of Employer SUN RIVER ELECTRIC		Occupation BOARD MEMBER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 1 2 0 0		

Full Name (Last, First, Middle Initial) C. SAMPSEN, RICHARD			Date of Receipt 0 9 / 0 9 / 2 0 0 5	
Mailing Address BOX 32			Amount of Each Receipt this Period 3 7 0 0	
City DAGMAR	State MT	Zip Code 59219		
FEC ID number of contributing federal political committee. C				
Name of Employer SHERIDAN ELECTRIC		Occupation BOARD MEMBER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 3 7 0 0		

SUBTOTAL of Receipts This Page (optional)	8 6 0 0
TOTAL This Period (last page this line number only)	

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE **9** OF **12**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial) A. FRIEDRICH, ROBERT			Date of Receipt 09 09 2005		
Mailing Address BOX 10 ROUTE 1			Amount of Each Receipt this Period 3 7 0 0		
City ANTELOPE	State MT	Zip Code 59211			
FEC ID number of contributing federal political committee. C					
Name of Employer SHERIDAN ELECTRIC		Occupation BOARD MEMBER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Dues		Aggregate Year-to-Date ▼ 3 7 0 0			

Full Name (Last, First, Middle Initial) B. RUST, ROBERT			Date of Receipt 09 09 2005		
Mailing Address 203 STROMSTAD STREET			Amount of Each Receipt this Period 1 2 0 0		
City ALKABO	State ND	Zip Code 58845			
FEC ID number of contributing federal political committee. C					
Name of Employer SHERIDAN ELECTRIC		Occupation BOARD MEMBER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 1 2 0 0			

Full Name (Last, First, Middle Initial) C. BERTELSEN, ROBERT			Date of Receipt 09 09 2005		
Mailing Address BOX 48 HC 61			Amount of Each Receipt this Period 3 7 0 0		
City FROID	State MT	Zip Code 59226			
FEC ID number of contributing federal political committee. C					
Name of Employer SHERIDAN ELECTRIC		Occupation BOARD MEMBER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 3 7 0 0			

SUBTOTAL of Receipts This Page (optional)	8 6 0 0
TOTAL This Period (last page this line number only)	

25033913032

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **10** OF **12**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial) A. ODEGARD, SCOTT			Date of Receipt 0 9 / 0 9 / 2 0 0 5		
Mailing Address PO BOX 309			Amount of Each Receipt this Period 1 2 0 0		
City FAIRFIELD	State MT	Zip Code 59436			
FEC ID number of contributing federal political committee. C					
Name of Employer SUN RIVER ELECTRIC		Occupation MANAGER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Dues		Aggregate Year-to-Date ▼ 1 2 0 0			

Full Name (Last, First, Middle Initial) B. MCDONALD, SHARON			Date of Receipt 0 9 / 0 9 / 2 0 0 5		
Mailing Address PO BOX 864			Amount of Each Receipt this Period 2 4 6 4		
City FORT BENTON	State MT	Zip Code 59442			
FEC ID number of contributing federal political committee. C					
Name of Employer MT ELEC COOP ASSOC		Occupation PROGRAM AND EVENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 2 4 6 4			

Full Name (Last, First, Middle Initial) C. DUEBNER, WAYNE			Date of Receipt 0 9 / 0 9 / 2 0 0 5		
Mailing Address BOX 326			Amount of Each Receipt this Period 3 7 0 0		
City BROCKTON	State MT	Zip Code 59213			
FEC ID number of contributing federal political committee. C					
Name of Employer SHERIDAN ELECTRIC		Occupation BOARD MEMBER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DUES		Aggregate Year-to-Date ▼ 3 7 0 0			

SUBTOTAL of Receipts This Page (optional) ▶ 7 3 6 4

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 12

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial)
A. HOKE, TERRY

Mailing Address
1605 COUNCIL WAY

City State Zip Code
MISSOULA MT 59802

Date of Receipt
09 28 2005

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

Amount of Each Receipt this Period
3700

Name of Employer Occupation
MISSOULA ELECTRIC BOARD MEMBER

Receipt For: Primary General Other (specify) **Dues**

Aggregate Year-to-Date **3700**

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

Mailing Address

City State Zip Code

Date of Receipt
M / D / Y Y Y Y

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

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

Mailing Address

City State Zip Code

Date of Receipt
M / D / Y Y Y Y

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) ▶ **3700**

TOTAL This Period (last page this line number only) ▶ **105560**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial) A. Montana Democratic Party		Date of Disbursement M M D D Y Y Y Y 0 8 1 7 2 0 0 5
Mailing Address P.O. Box 802		Amount of Each Disbursement this Period 5 0 0 0 0
City Helena	State Montana	
Zip Code 59624	Purpose of Disbursement Contribution - Golf Tournament	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	State: District:	

Full Name (Last, First, Middle Initial) B. National ACRE		Date of Disbursement M M D D Y Y Y Y 0 9 1 3 2 0 0 5
Mailing Address 4301 Wilson Boulevard		Amount of Each Disbursement this Period 7 7 5 0 0
City Arlington	State VA	
Zip Code 22203	Purpose of Disbursement Member Dues Submitted	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dues	State: District:	

Full Name (Last, First, Middle Initial) C. Change Box - To be Reimbursed		Date of Disbursement M M D D Y Y Y Y 0 9 2 9 2 0 0 5
Mailing Address N/A		Amount of Each Disbursement this Period 6 0 5 0 0
City	State	
Zip Code	Purpose of Disbursement Start up Change for Fundraising Auction	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Start up Change	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1 8 8 0 0 0
TOTAL This Period (last page this line number only)	

25028090100

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **2**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Full Name (Last, First, Middle Initial) A. Montana Electric Cooperatives' Association		Date of Disbursement J U N O B Y Y Y Y 0 8 2 5 2 0 0 5
Mailing Address 501 Bay Drive		Amount of Each Disbursement this Period 6 0 0 0 0
City Great Falls	State MT	
Zip Code 59404	Purpose of Disbursement Reimburse for Accountant Fees	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Reimbursement	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement J U N O B Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement J U N O B Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6 0 0 0 0
TOTAL This Period (last page this line number only)	2 4 8 0 0 0

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
10/17/05

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

lee
 PREPARER
 (3/2005)

10/21/05
 DATE PREPARED

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