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RECEIVED
FEC MAIL CENTER

WASHINGTON, D.C.

Suite 210

415 Second Street, N.E.

Washington, DC 20002-4900

T 202.544.9840

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January 16, 2009

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

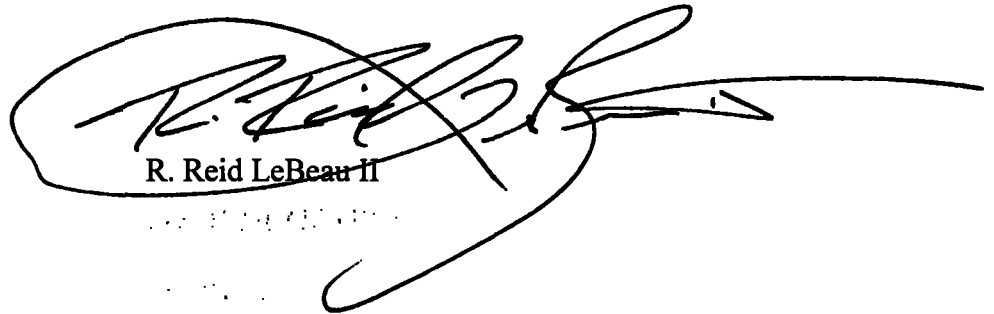
Re: Report of Independent Expenditures

To Whom It May Concern:

Enclosed please find the Report of Independent Expenditures 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

Enclosure

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC
JAN 15 2009
AM 8:13

1. (a) Name of Individual, Organization or Corporation Mille Lacs Band of Ojibwe		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 43408 Oodena Drive		
(c) City, State and ZIP Code Onamia MN 56359		
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
 January 31 Year-End Report
 24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

10 30 2008
THROUGH
12 31 2008

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

1,182.85,

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Tadd Johnson

Tadd Johnson 1/15/09

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

29039993806

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Mille Lacs Band of Ojibwe

Full Name (Last, First, Middle Initial) of Payee Goff & Howard		Date M M / D D / Y Y Y Y 10 29 2008
Mailing Address 255 E. Kellogg Blvd Suite 102		Amount , , 236.57
City St. Paul MN 55102	State Zip Code	
Purpose of Expenditure Print Ad	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , , 236.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Goff & Howard		Date M M / D D / Y Y Y Y 10 29 2008
Mailing Address 255 E. Kellogg Blvd Suite 102		Amount , , 236.57
City St. Paul MN 55102	State Zip Code	
Purpose of Expenditure Print Ad	Category/Type 004	Office Sought: <input type="checkbox"/> House State: MN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Al Franken		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , , 236.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Goff & Howard		Date M M / D D / Y Y Y Y 10 29 2008
Mailing Address 255 E. Kellogg Blvd Suite 102		Amount , , 236.57
City St. Paul MN 55102	State Zip Code	
Purpose of Expenditure Print Ad	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Keith Ellison		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , , 236.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	, , 709.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....	, , .
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	, see page 2 of 2

29039993807

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Mille Lacs Band of Ojibwe

Full Name (Last, First, Middle Initial) of Payee Goff & Howard		Date MM / DD / YYYY 10 / 29 / 2008
Mailing Address 255 E. Kellogg Blvd Suite 102		Amount , , 236.57
City St. Paul MN 55102	State Zip Code	
Purpose of Expenditure Print Ad	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: James Oberstar		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , , 236.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount , , .
City	State Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , , .		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount , , .
City	State Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , , .		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	, , 236.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	, , .
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	, , 1,182.85

29039993808

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>1/15/09</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMP
 PREPARER

1/26/09
 DATE PREPARED

29039993809