REPORT OF 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

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 11-08-94 in the State of Montana

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period October 24, 1994 through November 20, 1994		
6. (a) Cash on Hand January 1, 1994		$ 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
12-05-94

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)

9 4 0 3 7 5 0 1 9 1 5

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

9 4 0 3 9 5 0 1 3 1 6

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)

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NAME OF COMMITTEE (In Full)

Montana Indian PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code 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. Full Name, Mailing Address and ZIP Code Harlan Mount Box 852 Harlem, MT 59824 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Ft. Belknap Community Council Harlem, MT 59824 Occupation: Chairman Aggregate Year-to-Date > $25.00	10-27-94	$25.00
G. Full Name, Mailing Address and ZIP Code Earl Old Person Box 486 Browning, MT 59417 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: 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 4 0 3 2 0 1 3 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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Alvin Windy Boy P.O. Box 917 Box Elder, MT 59521 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Chippewa Cree Tribes Box Elder, MT 59521 Occupation: Council Representative Aggregate Year-to-Date: $ 25.00	10-27-94	$25.00
B. Rhonda Lankford 10 Glacier Lily Lane Ronan, MT 59864 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Tribal Attorney Aggregate Year-to-Date: $ 25.00	10-27-94	$25.00
C. Kevin Howlett P.O. Box 135 Arlee, MT 59821 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Program Officer Aggregate Year-to-Date: $20.00	10-27-94	$20.00
D. Deborah Wetsit 117 Wapakyia Drive Missoula, MT 59802 Receipt For: [ ] Primary [X] General [ ] Other (specify):	University of Montana Missoula, MT 59802 Occupation: Professor Aggregate Year-to-Date: $50.00	10-27-94	$50.00
E. Jeannine Padilla P.O. Box 402 Pablo, MT 59855 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Fiscal Analyst Aggregate Year-to-Date: $5.00	11-04-94	$5.00
F. Kimberly Swaney 410 Peche Lane Ronan, MT 59864 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Charkoosta Pablo, MT 59855 Occupation: Reporter Aggregate Year-to-Date: $10.00	11-01-94	$10.00
G. Ranald McDonald 8050 Browns Meadow Road Niarada, MT 59852 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Confederated Salish & Kootenai Tribes, Pablo, MT 59855 Occupation: Tribal Attorney Aggregate Year-to-Date: $10.00	10-28-94	$10.00

SUBTOTAL of Receipts This Page (optional) $145.00

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

9 4 0 3 9 3 0 1 9 1 3

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 Ronan, 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) .....

9 4 0 3 9 5 0 1 9 1 9

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

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

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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

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

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

9 4 0 3 9 5 0 1 9 2 1

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. 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
B. 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
C. 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
D. 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
E. 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
F. 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
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)	
TOTAL This Period (last page this line number only)	

9 4 0 3 9 5 0 1 3 2

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ___ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			

Terms: Date Incurred_____ Date Due _____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2 4 0 3 7 5 0 1 2 2 4

SCHEDULE D
(Revised 3/90)

DEBTS AND OBLIGATIONS
Excluding Loans

Page _____of_____for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

9 4 0 3 9 5 0 1 2 2 5

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page _____of_____for
LINE NUMBER _
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

9 4 0 3 7 5 0 1 3 2 6

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

Page _____ of _____ Pages

(See Reverse Side for Instructions)

Name of Committee (In Full)

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... $ _____

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... $ _____

(c) **TOTAL** Independent Expenditures ..... $ _____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission expires:

_____ _____

NOTARY PUBLIC

Signature _____ Date _____

9 4 0 3 9 5 0 1 9 2 7

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

Page ... of ... for
LINE NUMBER ____

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	**Name of Federal Candidate Supported, State, District & Office Sought**	**Purpose of Expenditure**	**Date (month, day, year)**	**Amount**
	Aggregate General Election Expenditure for this Candidate—$			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

9 4 0 3 3 0 1 3 2 2 6

SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %

☐ PRESIDENTIAL YEAR (65%)
☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ **MINIMUM FEDERAL PERCENTAGE** (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %

OR

☐ **FUNDS EXPENDED:**

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☐ (1 POINT)	
2. U.S. SENATE	☐ (1 POINT)	
3. U.S. CONGRESS	☐ (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	☐ (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	
7. STATE SENATE	☐ (1 POINT)	
8. STATE REPRESENTATIVE	☐ (1 POINT)	
9. LOCAL CANDIDATES	☐ (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	☐ (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... %

9 4 0 3 9 5 0 1 3 2 9

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

PAGE	OF

NAME OF COMMITTEE

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED		

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE	OF
FOR LINE 18	

NAME OF COMMITTEE	TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT	DATE OF RECEIPT	$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a)				
b)				
c)				
d)				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				

9 4 0 3 9 5 0 1 3 3 1

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 4 0 3 9 5 0 1 8 3 2

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

MERRY M. HUTTON
338 S. 2ND W. 406-728-6269
MISSOULA, MT 59801

2203

Nov. 8 19 94

PAY TO THE ORDER OF MT. Indian PAC $ 10-

Ten no/100's DOLLARS

Missoula Federal Credit Union

MEMO FEDERAL

Merry Hutton

⑆292977899⑆ 708260423728⑈ 2203

9 4 0 3 9 5 0 1 3 3 2

Name:	
Address:	
Occupation:	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

CAROL A. MITCHELL
ATTORNEY AT LAW
~~240 N. HIGGINS, SUITE 502~~ 7185 Old Grant Creek Rd
MISSOULA, MT 59802

3344

88-22/929

10-27 1994

PAY TO THE ORDER OF Montana Indian PAC $ 25.00

Twenty five & no/100 DOLLARS

First Bank Western Montana Missoula
Member First Bank System
First Bank Montana National Association
221 East Broadway
Missoula, MT 59801

FOR FOP Account

C Mitchell

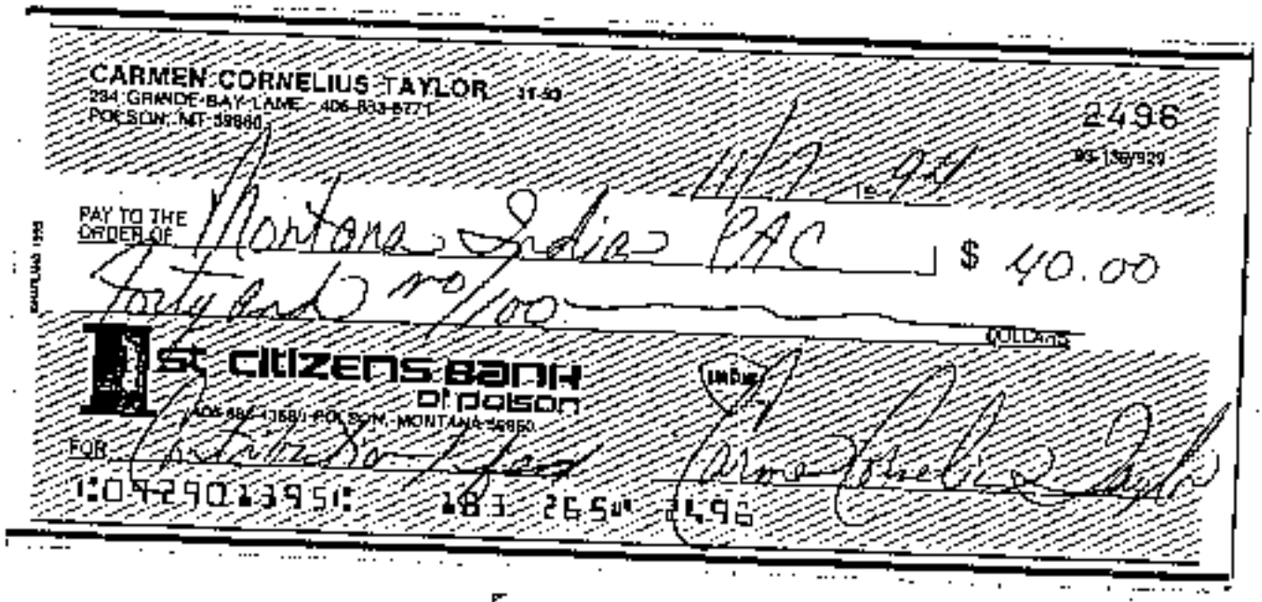
⑈003344⑈ ⑆092900228⑆ 5841111614⑈

Name:	
Address:	
Occupation:	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer



CARMEN CORNELIUS TAYLOR
234 GRANDE BAY LANE 406-883-6771
POLSON, MT 59860

2496

11/7 19 94

PAY TO THE ORDER OF Montana Indian PAC $ 40.00

Forty and no/100 DOLLARS

1st CITIZENS BANK of Polson
406 883-1358 POLSON, MONTANA 59860

FOR Contribution Fee

Carmen Cornelius Taylor

⑆092901395⑆ 183 265⑈ 2496

9 4 0 3 9 5 0 1 9 3 5

Name:	
Address:	
Occupation: Program Director National Ind School Bd	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

RICHARD TRUDELL
LIC. P0906376 PH. 610-834-9333
319 MAC ARTHUR BLVD.
OAKLAND, CA 94610

1043

90-71187327
3211

Nov. 2 1994

PAY TO THE ORDER OF Montana Indian PAC / Federal act $ 250.00

Two hundred fifty and 00/100 DOLLARS

CITIBANK
CITIBANK, F.S.B.
4101 PIEDMONT AVENUE
OAKLAND, CA 94611

MEMO

+⑆321171184⑆0327 30025908⑈ 1043

9 4 0 3 9 5 0 1 7 3 5

Name:	
Address:	
Occupation:	Director – American Indian Resource Center
Amount of Contribution $	250.00
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

DANIEL F. OR MARILYN DECKER
P. O. BOX 249
RONAN, MT 59864

2813

93-147/829

Oct. 28 1994

PAY TO THE ORDER OF Montana Indian P.A.C. $ 50.00

Fifty and no/100s DOLLARS

RONAN STATE BANK
COMMUNITY BANK
OF PABLO

MEMO contrib. on federal

Daniel F. Decker

⑆092901476⑆ 1 4713 3⑈ 2813

Name:	
Address:	
Occupation:	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

9 4 0 3 9 5 0 1 9 3 7

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Fablo, Treasurer

GEORGE WATERS, CONSULTANT
1010 MASSACHUSETTS AVENUE, N.W., SUITE 210
WASHINGTON, D.C. 20001

2666

15-131/540

Oct 31 19 94

PAY TO THE ORDER OF Montana Indian PAC $ 100.00

One hundred and 00/100 DOLLARS

THE ADAMS NATIONAL BANK
1831 K STREET, N.W. WASHINGTON, D.C. 20006

FOR Federal account

George Waters

⑈002666⑈ ⑆054001314⑆ 0000221279⑈

Name:	
Address:	
Occupation:	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

CHIPPEWA CREE TRIBE
GENERAL FUND
ROCKY BOY ROUTE, BOX 544 395-4478
BOX ELDER, MT 59521

BANK OF MONTANA
HAVRE, MT 59501
93-540-929

9791

9791

Thousand $1000 and 00 cts

DATE AMOUNT
**** ONE THOUSAND & NO/100 DOLLARS

PAY TO THE ORDER OF

MONTANA INDIAN PAC

⑈009791⑈ ⑆092905401⑆ 1100165481⑈

Name:	
Address:	
Occupation: TRIBAL Council	
Amount of Contribution $ 1000.00	
State Designation ☐	Federal Designation ☒

See Attachment

Acknowledgment

This is to acknowledge that the Chippewa-Cree Tribe of the Rocky Boy Reservation has made a contribution to the Montana Indian PAC (federal account) in the amount of $1,000.

The authorized representative of the Chippewa-Cree Tribe further states and pledges that:

1. The Chipppa-Cree Tribe is not a "federal government contractor" under the federal elections laws.

[Note: Federal law prohibits contributions from persons who have a business relationship with the United States Government, such as producing goods and services for the United States Government (e.g., military contracts). The Federal Election Commission has ruled that this prohibition does not apply to government-to-government contracts such as grants to tribal government or self-governance contracts or compacts under the Indian Self-Determination Act.

2. The source of the contribution to the Montana Indian PAC are tribal funds, and include no comingled federal funds or any prohibited funds (e.g., corporation funds, federal funds).

3. The Chippewa-Cree Tribe has not made any other contributions to other federal candidates or federal political action committees this year.

Dated this 3rd day of November, 1994.

(signature of authorized agent)
Title:

TRIBAL LEGAL DEPARTMENT
RECEIVED
NOV 4 1994
Time In: 11:50
By: CM
CONFEDERATED SALISH & KOOTENAI

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

ROBERTA HOE
520-70-8480
P.O. BOX 1474
POLSON, MT 59860

1137

11-1 1994

83-91/929

PAY TO THE ORDER OF Montana Indian PAC $ 25.00

Twenty-five and no/100 DOLLARS

Security State Bank & Trust Company
P.O. Box 1291 (406) 883-5160
Polson, Montana 59860

VAL-U-PLUS

MEMO Congressional Race

Roberta Hoe

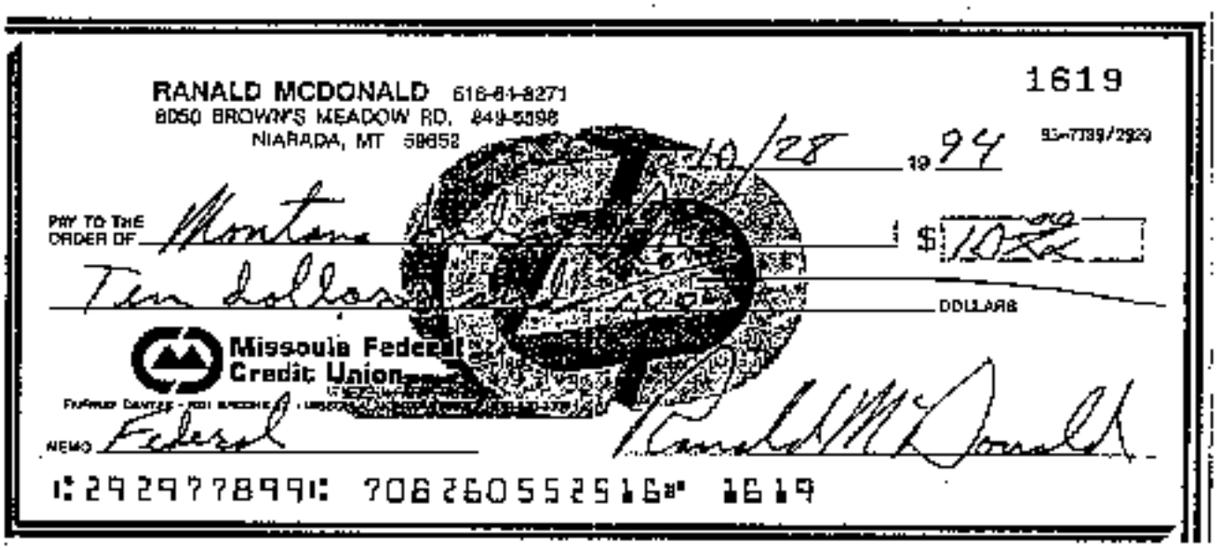
⑆092900914⑆ 26 448 6⑈ 1137

Name:	
Address:	
Occupation:	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer


RANALD MCDONALD 616-64-8271
8050 BROWN'S MEADOW RD. 849-5598
NIARADA, MT 59852

1619

10/28 19 94

93-7739/2929

PAY TO THE ORDER OF Montana $ 10.00

Ten dollars DOLLARS

Missoula Federal Credit Union

MEMO Federal

⑆292977899⑆ 708260552516⑈ 1619

Name:	
Address:	
Occupation:	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

KIMBERLY C. SWANEY
410 Pache Ln. 676-5409
Ronan, Mt 59864

3680
83-158/929

Nov 1 1994

PAY TO THE ORDER OF Montana Indian Pac $ 10.00

Ten and no/100 DOLLARS

Valley Banks

FOR Federal

Kimberly C. Swaney

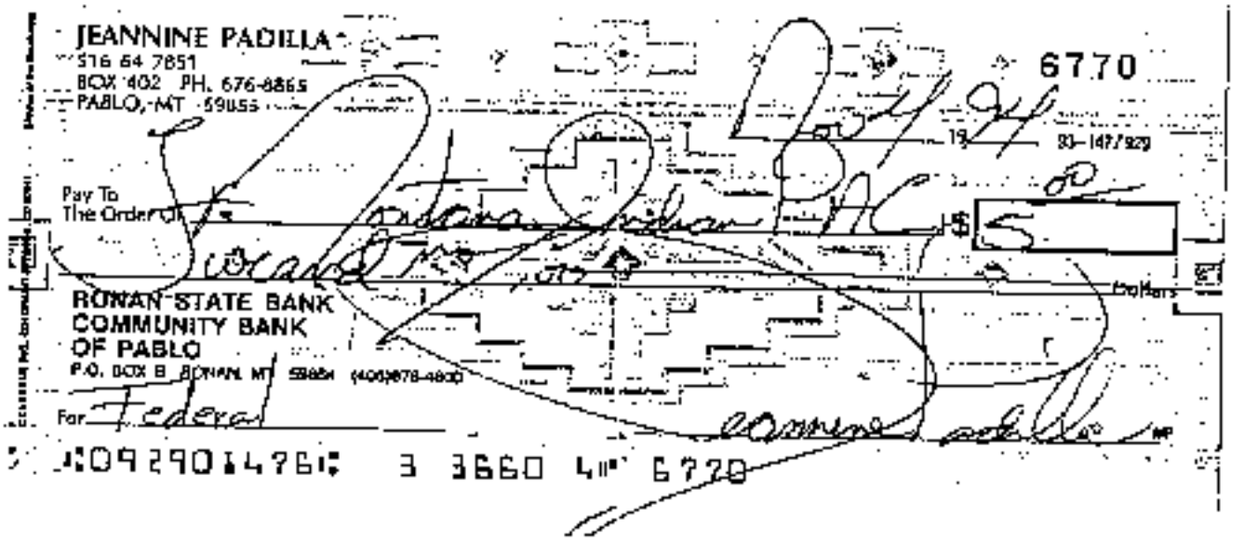
⑆092901599⑆ 2012571⑈ 3680

Name:	
Address:	
Occupation:	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer


JEANNINE PADILLA
516 64 7851
BOX 402 PH. 676-8865
PABLO, MT 59855

6770

Pay To The Order Of Montana Indian PAC $ 5.00

Dollars

RONAN STATE BANK
COMMUNITY BANK
OF PABLO
P.O. BOX B RONAN, MT 59864 (406)676-4800

For Federal

⑆092901476⑆ 3 3660 4⑈ 6770

Name:	
Address:	
Occupation:	
Amount of Contribution $	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: Deborah Witsil	
Address: 117 Wapakya, Msla, MT 59802	
Occupation: Professor U of M	
Amount of Contribution $ 50.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: Kevin Howlett	
Address: P.O. Box 135 Arlee, MT.	
Occupation: Program Officer – Education Dept CSKT	
Amount of Contribution $ 20.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: Rhonda Lankford	
Address: 10 Glacier Lily Lane Ronan, MT 59864	
Occupation: Atty CSKT	
Amount of Contribution $ 25.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: Alvin Windy Boy Sr.	
Address: Box 917 Box Elder, MT	
Occupation: Vice Chair Chippewa Cree Tribe	
Amount of Contribution $ 25.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

9 4 0 3 7 5 0 1 9 4 9

Name: Earl Old Person	
Address: Box 486 Browning MT	
Occupation: Chairman Blackfeet Tribe	
Amount of Contribution $ 25.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: Harlan Mount	
Address: Box 852 Harlem, MT.	
Occupation: Chairman Fort Belknap Tribe	
Amount of Contribution $ 25.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: John Sun Child	
Address: Box 544 Rocky Boy Route Box Elder, MT	
Occupation: Chairman - Chippewa Cree Tribes	
Amount of Contribution $ 25.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: Carol McCrea	
Address: 17 14 Ave S.E Ronan, MT. 59864	
Occupation: Council Rep - CSKT	
Amount of Contribution $ 25.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: Anne Sorrell	
Address: 127 3rd Ave S.E, Ronan, MT. 59864	
Occupation: Program Analyst CSKT	
Amount of Contribution $ 20.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: William Swaney	
Address: 3235 Timber lane Ronan MT	
Occupation: Program Manager	
Amount of Contribution $ 20.00	
State Designation ☐	Federal Designation ☒

MONTANA INDIAN
POLITICAL ACTION COMMITTEE

P.O. BOX 130
PABLO, MONTANA 59855-0130

Michael T. Pablo, Treasurer

Name: Michael Pablo	10/27/94
Address: Routel, Box 5	Nirada, MT. 59852
Occupation: Chairman	CSKT
Amount of Contribution $ 100.00	
State Designation: ☐	Federal Designation ☒

Federal Election Commission

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J.A.C.
PREPARER

12/12/94
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