

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)

Montanans for Rick Hill	
ADDRESS (number and street) P.O. Box 1256	<input type="checkbox"/> Check if different than previously reported.
CITY, STATE and ZIP CODE Helena, MT 59624	STATE/DISTRICT MT

2. FEC IDENTIFICATION NUMBER

C0030602

2000 FEB -2 P 2:04

3. IS THIS REPORT AN AMENDMENT?

YES  NO

## 4. TYPE OF REPORT

- |  |   |
|--|---|
| <input type="checkbox"/> April 15 Quarterly Report<br><br><input type="checkbox"/> July 15 Quarterly Report<br><br><input type="checkbox"/> October 15 Quarterly Report<br><br><input checked="" type="checkbox"/> January 31 Year End Report<br><br><input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Twelfth day report preceding _____<br>(Type of Election)<br>election on _____ in the State of _____<br><br><input type="checkbox"/> Thirtieth day report following the General Election on _____<br>in the State of _____<br><br><input type="checkbox"/> Termination Report |
|--|---|

This report contains activity for

- Primary Election    
  General Election    
  Special Election    
  Runoff Election

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>07/01/1999</u> through <u>12/31/1999</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$17355.33	\$166330.43
(b) Total Contribution Refunds (From Line 20(d))	\$100.00	\$100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$17255.33	\$166230.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$47786.83	\$95118.18
(b) Total Offsets to Operating Expenditures (from Line 14)	\$370.21	\$1847.91
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$47416.62	\$93270.27
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$35739.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$5800.00	

For further information:  
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

Gary Demaree

Signature of Treasurer

Date

1/14/99

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

--	--	--	--	--	--	--	--

**FEC FORM 3**  
(Revised 4/87)

**Detailed Summary Page**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) Montanans for Rick Hill	Report Covering the Period: From: 07/01/1999 To: 12/31/1999	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$3200.00	
(ii) Unitemized	\$3186.00	
(iii) Total of contributions from individual	\$6386.00	\$40258.00
(b) Political Party Committees	\$50.00	\$10553.10
(c) Other Political Committees (such as PACs)	\$10919.33	\$115418.33
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	\$17355.33	\$168330.43
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	\$0.00	\$0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	\$370.21	\$1847.81
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	\$126.24	\$142.35
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	\$17851.78	\$168320.69
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	\$47788.83	\$35118.18
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	\$0.00	\$0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	\$34946.35	\$34946.35
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$34946.35	\$34946.35
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00
(b) Political Party Committees	\$100.00	\$100.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$100.00	\$100.00
<b>21. OTHER DISBURSEMENTS</b>	\$13700.00	\$13700.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	\$96533.18	\$143864.53
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>		\$114421.33
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>		\$17851.78
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>		\$132273.11
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>		\$96533.18
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>		\$35739.93

SCHEDULE A

ITEMIZED RECEIPTS

any information copied from such reports and statements may not be 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)  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code Dick Anderson 1800 Lodge Pole Helena, MT 59601-	Name of Employer Dick Anderson Construction Occupation President	Date (month, day, year) 08/06/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
B. Full Name, Mailing Address and Zip Code Gary Gallagher P.O. Box 1359 Polson, MT 59860-1359	Name of Employer Self Employed Occupation Investor	Date (month, day, year) 07/07/199	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
C. Full Name, Mailing Address and Zip Code Allan Hamilton 300 Park Blvd. Itasca, IL 60143-2682	Name of Employer Hamilton Partners Occupation Developer	Date (month, day, year) 07/07/199	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
D. Full Name, Mailing Address and Zip Code Bernard Barkness P.O. Box 240083 Dell, MT 59724-	Name of Employer Self Employed Occupation Rancher	Date (month, day, year) 07/14/199	Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
E. Full Name, Mailing Address and Zip Code Bernard Barkness P.O. Box 240083 Dell, MT 59724-	Name of Employer Self Employed Occupation Rancher	Date (month, day, year) 08/06/199	Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$300.00		
F. Full Name, Mailing Address and Zip Code Thomas Kenneally Jr. 2004 Hancock Butte, MT 59701-	Name of Employer Town Pump Inc. Occupation Manager	Date (month, day, year) 07/07/199	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
G. Full Name, Mailing Address and Zip Code Robert McIntyre 540 Gown Hill Rd. Great Falls, MT 59405-	Name of Employer United Materials Occupation Officer	Date (month, day, year) 07/07/199	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		

SUBTOTAL of Receipts This Page (optional)	\$2950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed primary page

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)  
Montanans for Rick Hill

<p>A. Full Name, Mailing Address and Zip Code Michele Stinnett 9601 Meadowlark Dr. Bozeman, MT 59718-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Village Creamery Stores Inc. Occupation Manager</p> <p>Aggregate Year-to-Date -&gt; \$250.00</p>	<p>Date (month, day, year) 07/14/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	\$3200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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)  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code Prairie County Republican Women Committee P.O. Box 95 Attn: Carol Larsen Terry, MT 59349-	Name of Employer  Occupation	Date (month, day, year) 07/30/199	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$50.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$50.00
TOTAL This Period (last page this line number only)	\$50.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**  
**Montanans for Rick Hill**

<p><b>A. Full Name, Mailing Address and Zip Code</b>                  American Forest &amp; Paper Association PAC                  1111 19th St. NW, Suite 800                  Attn: Jane Turner                  Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer                  Occupation</p> <p>Date (month, day, year)                  07/30/199</p> <p>Amount of Each Receipt this Period                  \$500.00</p> <p>Aggregate Year-to-Date -&gt; \$500.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b>                  American Institute of CPA's (AICPA PAC)                  1455 Pennsylvania Ave. NW                  Attn: Kelly Rote                  Washington, DC 20004-1081</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer                  Occupation</p> <p>Date (month, day, year)                  08/10/199</p> <p>Amount of Each Receipt this Period                  \$1000.00</p> <p>Aggregate Year-to-Date -&gt; \$1000.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b>                  American Institute of CPA's (AICPA PAC)                  1455 Pennsylvania Ave. NW                  Attn: Kelly Rote                  Washington, DC 20004-1081</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer                  Occupation</p> <p>Date (month, day, year)                  09/15/199</p> <p>Amount of Each Receipt this Period                  \$145.02</p> <p>Aggregate Year-to-Date -&gt; \$1145.02 <b>IN-KIND</b></p>
<p><b>D. Full Name, Mailing Address and Zip Code</b>                  American Renewal PAC                  P.O. Box 221104                  Attn: J.C. Watts, Jr.                  Springfield, VA 22153-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer                  Occupation</p> <p>Date (month, day, year)                  12/31/199</p> <p>Amount of Each Receipt this Period                  \$79.05</p> <p>Aggregate Year-to-Date -&gt; \$2579.05 <b>IN-KIND</b></p>
<p><b>E. Full Name, Mailing Address and Zip Code</b>                  Arthur Andersen PAC                  1666 K Street NW                  Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer                  Occupation</p> <p>Date (month, day, year)                  08/06/199</p> <p>Amount of Each Receipt this Period                  \$1000.00</p> <p>Aggregate Year-to-Date -&gt; \$1000.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b>                  Business Industry PAC                  888 15th St. NW                  Attn: Charles Mack                  Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer                  Occupation</p> <p>Date (month, day, year)                  07/23/199</p> <p>Amount of Each Receipt this Period                  \$1000.00</p> <p>Aggregate Year-to-Date -&gt; \$1000.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b>                  Business Industry PAC                  888 15th St. NW                  Attn: Charles Mack                  Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer                  Occupation</p> <p>Date (month, day, year)                  08/16/199</p> <p>Amount of Each Receipt this Period                  \$53.73</p> <p>Aggregate Year-to-Date -&gt; \$1053.73 <b>IN-KIND</b></p>

<b>SUBTOTAL of Receipts This Page (optional)</b>	<b>\$3777.50</b>
<b>TOTAL This Period (last page this line number only)</b>	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedules for each category of the detailed Summary Page

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)  
Montanans for Rick Hill

<p>A. Full Name, Mailing Address and Zip Code Compac/ Mt. Contractor's Association P.O. Box 4519 Helena, MT 59604-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 09/27/199</p> <p>\$345.83</p>	<p>Amount of Each Receipt this Period \$345.83</p> <p>IN-KIND</p>
<p>B. Full Name, Mailing Address and Zip Code Conservative Victory Fund PAC 104 North Carolina Ave. SE Attn: Ronald Pearson Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 08/13/199</p> <p>\$487.20</p>	<p>Amount of Each Receipt this Period \$487.20</p> <p>IN-KIND</p>
<p>C. Full Name, Mailing Address and Zip Code Council of Insurance Agents &amp; Brokers 701 Pennsylvania Ave. NW, Suite 750 Attn: Ken Crerar Washington, DC 20004-2609</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 07/30/199</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Electrical Construction PAC 3 Bethesda Metro Center Bethesda, MD 20814-5372</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 07/14/199</p> <p>\$2000.00</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>E. Full Name, Mailing Address and Zip Code National Cattlemen's Beef Assoc. PAC 1301 Pennsylvania Ave. NW, Suite 300 Attn: Shelly Roy Washington, DC 20004-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 11/08/199</p> <p>\$385.00</p>	<p>Amount of Each Receipt this Period \$385.00</p> <p>IN-KIND</p>
<p>F. Full Name, Mailing Address and Zip Code National Telephone Corporation PAC 4121 Wilson Blvd. 10th Floor Attn: Stefanie Reeves Arlington, VA 22203-1801</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 08/10/199</p> <p>\$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Peat Marwick PAC 2001 M Street NW Attn: John Stixrup Washington, DC 20036-3389</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 06/20/199</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$5218.03

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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)  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code Sunbelt Good Government of Winn-Dixie P.O. Box 8 Attn: Randy Hutton Jacksonville, FL 32203-0297 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$1000.00
	Occupation	07/30/199	
Aggregate Year-to-Date ->		\$1000.00	
B. Full Name, Mailing Address and Zip Code Title Industry PAC 1828 L Street NW, Suite 705 Attn: Ann vom Eigen Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$500.00
	Occupation	08/10/199	
Aggregate Year-to-Date ->		\$5000.00	
C. Full Name, Mailing Address and Zip Code Title Industry PAC 1828 L Street NW, Suite 705 Attn: Ann vom Eigen Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$423.50
	Occupation	10/18/199	
Aggregate Year-to-Date ->		\$5423.50	IN-KIND
D. Full Name, Mailing Address and Zip Code , Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
E. Full Name, Mailing Address and Zip Code , Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
F. Full Name, Mailing Address and Zip Code , Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
G. Full Name, Mailing Address and Zip Code , Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			

SUBTOTAL of Receipts This Page (optional)	\$1923.50
TOTAL This Period (last page this line number only)	\$10919.33



SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the detailed Summary Page

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)  
Montanans for Rick Hill

<p>A. Full Name, Mailing Address and Zip Code U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) 10/08/1999  / /</p>	<p>Amount of Each Receipt this Period \$370.21</p>
<p>B. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	\$370.21
TOTAL This Period (last page this line number only)	\$370.21

SCHEDULE A

ITEMIZED RECEIPTS

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

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)  
Montanans for Rick Hill

<p>A. Full Name, Mailing Address and Zip Code Norwest Bank P.O. Box 30058 Billings, MT 59101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 07/31/199</p> <p>Aggregate Year-to-Date -&gt; \$41.91</p>	<p>Amount of Each Receipt this Period \$25.80</p>
<p>B. Full Name, Mailing Address and Zip Code Norwest Bank P.O. Box 30058 Billings, MT 59101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 08/31/199</p> <p>Aggregate Year-to-Date -&gt; \$66.66</p>	<p>Amount of Each Receipt this Period \$24.75</p>
<p>C. Full Name, Mailing Address and Zip Code Norwest Bank P.O. Box 30058 Billings, MT 59101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 09/30/199</p> <p>Aggregate Year-to-Date -&gt; \$86.86</p>	<p>Amount of Each Receipt this Period \$20.20</p>
<p>D. Full Name, Mailing Address and Zip Code Norwest Bank P.O. Box 30058 Billings, MT 59101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/29/199</p> <p>Aggregate Year-to-Date -&gt; \$107.74</p>	<p>Amount of Each Receipt this Period \$20.88</p>
<p>E. Full Name, Mailing Address and Zip Code Norwest Bank P.O. Box 30058 Billings, MT 59101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 11/30/199</p> <p>Aggregate Year-to-Date -&gt; \$126.65</p>	<p>Amount of Each Receipt this Period \$18.91</p>
<p>F. Full Name, Mailing Address and Zip Code Norwest Bank P.O. Box 30058 Billings, MT 59101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 12/31/199</p> <p>Aggregate Year-to-Date -&gt; \$142.35</p>	<p>Amount of Each Receipt this Period \$15.70</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -&gt;</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$126.24

TOTAL This Period (last page this line number only)

\$126.24

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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)**  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larry Akey  P.O. Box 531  Helena, MT 59624-	Reimburse:Travel Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/20/199	\$3000.00
Sue Akey  P.O. Box 531 502 East Clark East Helena, MT 59635-	Reimburse:Office Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/199	\$269.00
American Express  P.O. Box 53779  Phoenix, AZ 85072-3779	Campaign Expenses  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$66.42
American Express Centurion Bank  P.O. Box 1407  Newark, NJ 07101-1407	See Below  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$309.72
Non Itemized Under \$200.00	Miscellaneous Under \$200  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$159.84  MEMO
Staples Office Superstore  2930 Prospect Ave.  Helena, MT 59601-	Miscellaneous Under \$200  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$54.83  MEMO
USPS Postal Service  Washington, DC 20515-	Postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$95.05  MEMO
American Express Centurion Bank  P.O. Box 1407  Newark, NJ 07101-1407	See Below  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$769.08

**SUBTOTAL of Disbursements This Page (optional)**

**\$4414.22**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 15  
FOR LINE NUMBER 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)**  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delta Airlines  Hartsfield International Airport  Atlanta, GA 30320-	Travel Ticket  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$674.25  MEMO
B. Full Name, Mailing Address and Zip Code Non Itemized Under \$200.00	Purpose of Disbursement Miscellaneous Under \$200  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$94.83  MEMO
C. Full Name, Mailing Address and Zip Code American Express Centurion Bank  P.O. Box 1407  Newark, NJ 07101-1407	Purpose of Disbursement See Below  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/199	\$328.77
D. Full Name, Mailing Address and Zip Code Delta Airlines  Hartsfield International Airport  Atlanta, GA 30320-	Purpose of Disbursement Travel Ticket  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/199	\$173.25  MEMO
E. Full Name, Mailing Address and Zip Code Non Itemized Under \$200.00	Purpose of Disbursement Miscellaneous Under \$200  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/199	\$155.52  MEMO
F. Full Name, Mailing Address and Zip Code American Express Centurion Bank  P.O. Box 1407  Newark, NJ 07101-1407	Purpose of Disbursement See Below  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/199	\$824.69
G. Full Name, Mailing Address and Zip Code Delta Airlines  Hartsfield International Airport  Atlanta, GA 30320-	Purpose of Disbursement Travel Ticket  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/199	\$794.75  MEMO
H. Full Name, Mailing Address and Zip Code Non Itemized Under \$200.00	Purpose of Disbursement Miscellaneous Under \$200  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/199	\$29.94  MEMO

SUBTOTAL of Disbursements This Page (optional)	\$1153.46
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **3** OF **15**  
FOR LINE NUMBER **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)**  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express Centurion Bank  P.O. Box 1407  Newark, NJ 07101-1407	See Below  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/199	\$971.69
B. Full Name, Mailing Address and Zip Code Delta Airlines  Hartsfield International Airport  Atlanta, GA 30320-	Purpose of Disbursement Travel Ticket  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/199	\$598.75  MEMO
C. Full Name, Mailing Address and Zip Code Non Itemized Under \$200.00	Purpose of Disbursement Miscellaneous Under \$200  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/199	\$89.78  MEMO
D. Full Name, Mailing Address and Zip Code USPS Postal Service  Washington, DC 20515-	Purpose of Disbursement Postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/199	\$183.15  MEMO
E. Full Name, Mailing Address and Zip Code American Express Centurion Bank  P.O. Box 1407  Newark, NJ 07101-1407	Purpose of Disbursement See Below  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/199	\$458.48
F. Full Name, Mailing Address and Zip Code Non Itemized Under \$200.00	Purpose of Disbursement Miscellaneous Under \$200  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/199	\$136.03  MEMO
G. Full Name, Mailing Address and Zip Code USPS Postal Service  Washington, DC 20515-	Purpose of Disbursement Postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/199	\$322.45  MEMO
H. Full Name, Mailing Address and Zip Code American Institute of CPA's (AICPA PAC)  1455 Pennsylvania Ave. NW Attn: Kelly Rote Washington, DC 20004-1061	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/199	\$145.02  IN KIND

**SUBTOTAL of Disbursements This Page (optional)** **\$1575.18**

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Renewal PAC  P.O. Box 221104 Attn: J.C. Watts, Jr. Springfield, VA 22153-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/199	\$79.05  IN KIND
B. Full Name, Mailing Address and Zip Code Boise Cascade Office Products #78  1710 North Montana Ave.  Helena, MT 59601-	Purpose of Disbursement <b>Office Supplies</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/07/199	Amount of Each Disbursement This Period \$60.63
C. Full Name, Mailing Address and Zip Code Boise Cascade Office Products #78  1710 North Montana Ave.  Helena, MT 59601-	Purpose of Disbursement <b>Office Supplies</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/199	Amount of Each Disbursement This Period \$98.39
D. Full Name, Mailing Address and Zip Code Broadwater Printing  7809 Highway 287  Townsend, MT 59644-	Purpose of Disbursement <b>Printing: Direct Mail 2</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/25/199	Amount of Each Disbursement This Period \$793.94
E. Full Name, Mailing Address and Zip Code Business Industry PAC  888 16th St. NW Attn: Charles Mack Washington, DC 20006-	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/16/199	Amount of Each Disbursement This Period \$53.73  IN KIND
F. Full Name, Mailing Address and Zip Code Capitol Hill Club  300 First Street SE  Washington, DC 20004-	Purpose of Disbursement <b>Fundraising Expense</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/17/199	Amount of Each Disbursement This Period \$340.09
G. Full Name, Mailing Address and Zip Code Capitol Hill Club  300 First Street SE  Washington, DC 20004-	Purpose of Disbursement <b>Fundraising Expense</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/26/199	Amount of Each Disbursement This Period \$25.00
H. Full Name, Mailing Address and Zip Code Commnet Cellular  2100 North Montana  Helena, MT 59601-	Purpose of Disbursement <b>Phone Expenses</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/17/199	Amount of Each Disbursement This Period \$42.80

SUBTOTAL of Disbursements This Page (optional)	\$1493.63
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate subtotals for each category of the Detailed Summary Page

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)  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Commnet Cellular 2100 North Montana Helena, MT 59601-	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/199	\$42.80
Commnet Cellular 2100 North Montana Helena, MT 59601-	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$38.59
Commnet Cellular 2100 North Montana Helena, MT 59601-	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/199	\$35.15
Commnet Cellular 2100 North Montana Helena, MT 59601-	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/199	\$42.80
Commnet Cellular 2100 North Montana Helena, MT 59601-	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/199	\$37.53
Compac/ Mt. Contractor's Association P.O. Box 4519 Helena, MT 59604-	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/199	\$345.83  IN KIND
Congressional Institute 315 Pennsylvania Ave, Suite 403 Washington, DC 20003-	Williamsburg Conference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/06/199	\$840.00
Conservative Victory Fund PAC 104 North Carolina Ave. SE Attn: Ronald Pearson Washington, DC 20003-	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/199	\$487.20  IN KIND

SUBTOTAL of Disbursements This Page (optional) \$1869.90

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shane E. Hedges 2029 North Cleveland St. Arlington, VA 22201-	Reimburse: Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/199	\$31.20
B. Full Name, Mailing Address and Zip Code Betti Hill 2105 Crystal Dr. Helena, MT 59601-	Reimburse: Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/199	\$104.00
C. Full Name, Mailing Address and Zip Code Betti Hill 2105 Crystal Dr. Helena, MT 59601-	Postage, Storage, Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$380.73
D. Full Name, Mailing Address and Zip Code Betti Hill 2105 Crystal Dr. Helena, MT 59601-	Reimburse: Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$276.74
E. Full Name, Mailing Address and Zip Code Betti Hill 2105 Crystal Dr. Helena, MT 59601-	Postage, Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/199	\$564.84
F. Full Name, Mailing Address and Zip Code Rick Hill 2105 Crystal Dr. Helena, MT 59601-	Reimburse: Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/06/199	\$29.00
G. Full Name, Mailing Address and Zip Code Rick Hill 2105 Crystal Dr. Helena, MT 59601-	Reimburse: Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/199	\$70.00
H. Full Name, Mailing Address and Zip Code Rick Hill 2105 Crystal Dr. Helena, MT 59601-	Reimburse: Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/199	\$90.25

<b>SUBTOTAL of Disbursements This Page (optional)</b>	<b>\$1546.76</b>
<b>TOTAL This Period (last page this line number only)</b>	



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 15  
FOR LINE NUMBER 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)  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Hill 2105 Crystal Dr. Helena, MT 59601-	Reimburse: Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/199	\$817.34
B. Full Name, Mailing Address and Zip Code Inovative Printing Solutions P.O. Box 2565 Attn: Steve Great Falls, MT 59401-	Printing: Direct Mail 2 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/199	\$1083.88
C. Full Name, Mailing Address and Zip Code Insty Prints 1301 11th Ave. Helena, MT 59601-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/199	\$92.20
D. Full Name, Mailing Address and Zip Code Intermountain Internet Corporation 555 Fuller Ave. Helena, MT 59601-	Internet Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/199	\$49.95
E. Full Name, Mailing Address and Zip Code Intermountain Internet Corporation 555 Fuller Ave. Helena, MT 59601-	Internet Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/20/199	\$49.95
F. Full Name, Mailing Address and Zip Code Lorna Kuney 400 North California Helena, MT 59601-	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/03/199	\$33.30
G. Full Name, Mailing Address and Zip Code Moore Information 10200 Southwest Eastridge St. #210 Portland, OR 97225-	Survey Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/23/199	\$1350.00
H. Full Name, Mailing Address and Zip Code National Cattleman's Beef Assoc. PAC 1901 Pennsylvania Ave. NW, Suite 300 Attn: Shelly Roy Washington, DC 20004-	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/199	\$385.00  IN KIND

SUBTOTAL of Disbursements This Page (optional)	\$3861.62
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the detailed summary page

Any information omitted 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)**  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Congressional Comm.  320 First St. SE Attn: John Linder Washington, DC 20003-	Satellite Services  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/199	\$29.70
National Republican Congressional Comm.  320 First St. SE Attn: John Linder Washington, DC 20003-	Satellite Services  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/199	\$19.50
National Republican Congressional Comm.  320 First St. SE Attn: John Linder Washington, DC 20003-	Satellite Services  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/199	\$53.12
Norwest Bank  P.O. Box 30058  Billings, MT 59101-	Check Order  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/199	\$23.50
Norwest Bank  P.O. Box 30058  Billings, MT 59101-	Service Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/199	\$15.00
Norwest Bank  P.O. Box 30058  Billings, MT 59101-	Credit Card/Service Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/199	\$15.00
Norwest Bank  P.O. Box 30058  Billings, MT 59101-	Credit Card/Service Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/199	\$15.00
Postmaster  500 North Last Chance Gulch  Helena, MT 59601-	Annual Box Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/199	\$64.00

**SUBTOTAL of Disbursements This Page (optional)**

**\$234.82**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the detailed summary page

Any information omitted from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for campaign purposes, other than under the name and address of any political committee to collect contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 500 North Last Chance Gulch Helena, MT 59601-	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/199	\$66.00
Postmaster 500 North Last Chance Gulch Helena, MT 59601-	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/199	\$66.00
Postmaster 500 North Last Chance Gulch Helena, MT 59601-	BRE Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/02/199	\$100.00
Special Projects 400 North California Attn: Lorna Kuney Helena, MT 59601-	Professional Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/199	\$1000.00
Special Projects 400 North California Attn: Lorna Kuney Helena, MT 59601-	Reimburse: Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/12/199	\$97.34
Special Projects 400 North California Attn: Lorna Kuney Helena, MT 59601-	Professional Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/03/199	\$1000.00
Special Projects 400 North California Attn: Lorna Kuney Helena, MT 59601-	Professional Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/199	\$200.00
Special Projects 400 North California Attn: Lorna Kuney Helena, MT 59601-	Professional Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/199	\$76.20

**SUBTOTAL of Disbursements This Page (optional)** **\$2605.54**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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)**  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Special Projects  400 North California Attn: Lorna Kuney Helena, MT 59601-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/199	\$200.00
Special Projects  400 North California Attn: Lorna Kuney Helena, MT 59601-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/199	\$350.00
Special Projects  400 North California Attn: Lorna Kuney Helena, MT 59601-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/199	\$200.00
Staples Office Superstore  2930 Prospect Ave.  Helena, MT 59601-	Computer Supplies  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/199	\$400.00
Cory Swanson  1425 Mill Rd.  Helena, MT 59602-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/199	\$500.00
Cory Swanson  1425 Mill Rd.  Helena, MT 59602-	Fundraising Expenses  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$54.86
Cory Swanson  1425 Mill Rd.  Helena, MT 59602-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$500.00
The Photo Centre  2037 North Main St.  Helena, MT 59601-	Photography  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/199	\$545.00

<b>SUBTOTAL of Disbursements This Page (optional)</b>	<b>\$2749.86</b>
<b>TOTAL This Period (last page this line number only)</b>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category on the detailed Summary Page

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)  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Title Industry PAC 1028 L Street NW, Suite 705 Attn: Ann vom Eigen Washington, DC 20036-	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/199	\$423.50  IN KIND
B. Full Name, Mailing Address and Zip Code Townsend Group 1510 Woodbine St. Alexandria, VA 22302-	Purpose of Disbursement Fundraising Expenses <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/25/199	Amount of Each Disbursement This Period \$3178.77
C. Full Name, Mailing Address and Zip Code Townsend Group 1510 Woodbine St. Alexandria, VA 22302-	Purpose of Disbursement Professional Fees <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/03/199	Amount of Each Disbursement This Period \$1000.00
D. Full Name, Mailing Address and Zip Code Townsend Group 1510 Woodbine St. Alexandria, VA 22302-	Purpose of Disbursement Fundraising Expenses <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/04/199	Amount of Each Disbursement This Period \$39.38
E. Full Name, Mailing Address and Zip Code Townsend Group 1510 Woodbine St. Alexandria, VA 22302-	Purpose of Disbursement Professional Fees <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/25/199	Amount of Each Disbursement This Period \$8875.00
F. Full Name, Mailing Address and Zip Code Townsend Group 1510 Woodbine St. Alexandria, VA 22302-	Purpose of Disbursement Fundraising Expenses <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/03/199	Amount of Each Disbursement This Period \$59.15
G. Full Name, Mailing Address and Zip Code U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Purpose of Disbursement Phone Expenses <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/10/199	Amount of Each Disbursement This Period \$46.30
H. Full Name, Mailing Address and Zip Code U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Purpose of Disbursement Phone Expenses <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/22/199	Amount of Each Disbursement This Period \$40.49

SUBTOTAL of Disbursements This Page (optional)	\$13662.59
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed Summary Page	PAGE	OF
	12	15
FOR LINE NUMBER		
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)  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/199	\$150.41
U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/199	\$42.24
U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/199	\$1.48
U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$27.42
U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/199	\$73.83
U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/199	\$73.07
U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/199	\$31.71
U.S. West Communications P.O. Box 31851 Salt Lake City, UT 84135-0851	Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$30.93

SUBTOTAL of Disbursements This Page (optional)	\$431.09
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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)**  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. West Communications  P.O. Box 31851  Salt Lake City, UT 84135-0851	Phone Expenses  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/199	\$79.41
Wiley, Rein & Fielding  1776 K Street NW Attn: Carol Lahau Washington, DC 20006-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/02/199	\$789.75
Wiley, Rein & Fielding  1776 K Street NW Attn: Carol Lahau Washington, DC 20006-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$10000.00
Wiley, Rein & Fielding  1776 K Street NW Attn: Carol Lahau Washington, DC 20006-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/199	\$889.70
wiley, Rein & Fielding  1776 K Street NW Attn: Carol Lahau Washington, DC 20006-	Professional Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/199	\$145.27
		/ /	
		/ /	
		/ /	

<b>SUBTOTAL of Disbursements This Page (optional)</b>	\$11904.13
<b>TOTAL This Period (last page this line number only)</b>	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 14 OF 15  
FOR LINE NUMBER 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)  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Hill  2105 Crystal Dr.  Helena, MT 59601-	Loan Repayment  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): General 96	08/09/199	\$34946.35
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$34946.35
TOTAL This Period (last page this line number only)	\$34946.35

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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 candidate to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
Montanans for Rick Hill

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dear Lodge County Republican Committee  c/o 118 East Park St.  Anaconda, MT 59711-	Excess Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/199	\$100.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$100.00
TOTAL This Period (last page this line number only)	\$100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)  
**Montanans for Rick Hill**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bush for President  P.O. Box 1902  Austin, TX 78767-	Federal Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/199	\$1000.00
Friends of Conrad Burns  P.O. Box 1532 Attn: Conrad Burns Billings, MT 59103-	Federal Senate Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/199	\$1000.00
Jim Rice for Attorney General  P.O. Box 1495  Helena, MT 59624-	MT State Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/199	\$200.00
Matt Blunt 2000  P.O. Box 1426 Attn: Matt Blunt Springfield, MO 65801-	MO Secretary of State Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/199	\$500.00
Montana GOP Republican Party  1419B Helena Ave. Attn: Mike Kiedrowski Helena, MT 59601-	State Party Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/20/199	\$5000.00
National Republican Congressional Comm.  320 First St. SE Attn: John Linder Washington, DC 20003-	Federal Party Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/20/199	\$5000.00
Rehberg for Congress  P.O. Box 1597 Attention: Dennis Rehberg Helena, MT 59624-	Federal Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/199	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$13700.00
TOTAL This Period (last page this line number only)	\$13700.00

NAME OF COMMITTEE (In Full) <b>Montanans for Rick Hill</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Recipient <b>Rick Hill 2105 Crystal Dr. Helena, MT 59601-</b>		Original Amount of Loan <b>\$51300.00</b>	Cumulative Payments To Date <b>\$51300.00</b>
Amount Outstanding at Close of this Period			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Primary 96</b>			
Term: Date Executed <b>03/04/96</b>		Date Due <b>06/30/96</b>	Interest Rate <b>0.00</b> (Year) Secured <b>NO</b>
List All Endorsements or Guarantors (if any) to Item A			
Full Name, Mailing Address and ZIP Code  <b>PERSONAL FUNDS</b>	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		

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

**DEBTS AND OBLIGATIONS**  
Excluding Loans

(Use separate schedules for each numbered line.)

NAME OF COMMITTEE (In Full) Montanans for Rick Hill	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
Full Name, Mailing Address and Zip Code Scott Howell & Co. 2211 North Lamar Dallas, TX 75302-	\$5800.00			\$5800.00
Nature of Debt (Purpose) Advertising Expense				

1) <b>SUBTOTAL</b> this period this page (optional)	
2) <b>TOTAL</b> this period (last page this line number only)	\$5800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from schedule C (last page only)	
4) <b>ADD</b> 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$5800.00

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/28/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
RB PREPARER	2/2/00 DATE PREPARED