

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAY 20 10 16 AM '98

1. NAME OF COMMITTEE (in full) FLUM CREEK MGMT CO GOOD GOVERNMENT FUND		2. FEC IDENTIFICATION NUMBER C00255234
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 999 THIRD AVENUE, SUITE 2300		
CITY, STATE and ZIP CODE SEATTLE, WA 98104		
3. <input checked="" type="checkbox"/> 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 \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/98</u> through <u>04/30/98</u>		
6. (a) Cash on Hand January 1, 1998		\$ 27,494.59
(b) Cash on Hand at Beginning of Reporting Period	\$ 32,367.71	
(c) Total Receipts (from Line 19)	\$ 2,392.10	\$ 11,769.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 34,759.81	\$ 39,263.81
7. Total Disbursements (from Line 30)	\$ 4,600.00	\$ 9,104.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 30,159.81	\$ 30,159.81
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)	\$ 0.00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20489  
Toll Free 800-424-9630  
Local 202-218-3420

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  
ROBERT JURSA

Signature of Treasurer

Date  
5/14/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X

(revised 9/95)

FEC44101

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE FLUM CREEK MGMT CO GOOD GOVERNMENT FUND	REPORT COVERING PERIOD FROM 04/01/98 TO 04/30/98	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	1,305.15	5,239.43
ii. Unitemized .....	984.00	6,230.65
iii. Total .....	2,289.15	11,470.08
b. Political Party Committees .....	0.00	0.00
c. Other Political Committees (such as PACs) .....	0.00	0.00
d. Total Contributions .....	2,289.15	11,470.08
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	102.95	299.14
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts .....	2,392.10	11,769.22
20. Total Federal Receipts .....	2,392.10	11,769.22
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....	0.00	0.00
ii. Non-Federal Share .....	0.00	0.00
b. Other Federal Operating Expenditures .....	0.00	354.00
c. Total Operating Expenditures .....	0.00	354.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3,500.00	7,750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d))(use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00
b. Political Party Committees .....	0.00	0.00
c. Other Political Committees (such as PACs) .....	0.00	0.00
d. Total Contribution Refunds .....	0.00	0.00
29. Other Disbursements .....	1,100.00	1,000.00
30. Total Disbursements .....	4,600.00	9,104.00
31. Total Federal Disbursements .....	4,600.00	9,104.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d) .....	2,289.15	11,470.08
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	2,289.15	11,470.08
35. Total Federal Operating Expenditures .....	0.00	354.00
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00
37. Net Operating Expenditures .....	0.00	354.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11A1

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)

**PLUM CREEK MGMT CO GOOD GOVERNMENT FUND**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KRISTINE BACKES 805 KIENAS RD. KALISPELL, MT 59901	PLUM CREEK	04/28/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM R. BROWN 2569 4TH AVENUE WEST SEATTLE, WA 98119	PLUM CREEK MANAGEMENT CO.	04/28/98	166.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation DIRECTOR/PLANNING	Aggregate Year-to-Date > \$ 833.25	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL J. COVEY 317 BLANCHARD HOLLOW WHITEFISH, MT 59937	PLUM CREEK MANAGEMENT CO.	04/28/98	62.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MGR/FIN ANALYSIS/PLAN	Aggregate Year-to-Date > \$ 320.83	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDSAY G. CRAWFORD 230 BRITTON ROAD CALHDUN, LA 71225	PLUM CREEK MANAGEMENT CO.	04/28/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER	Aggregate Year-to-Date > \$ 625.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA L. CROWE 999 THIRD AVE. SEATTLE, WA 98104	PLUM CREEK MANAGEMENT	04/28/98	124.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VICE PRESIDENT HR	Aggregate Year-to-Date > \$ 620.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICK R. HOLLEY 5008 139TH PLACE S.E. BELLEVUE, WA 98006	PLUM CREEK MANAGEMENT CO.	04/28/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VP/FINANCE	Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIANE M. IRVINE 6105 140TH COURT NE REDMOND, WA 98052	PLUM CREEK MANAGEMENT CO.	04/28/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE OFFICER	Aggregate Year-to-Date > \$ 750.00	
SUBTOTAL of Receipts This Page (optional)			1,078.15

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)**

**PLUM CREEK MGMT CO GOOD GOVERNMENT FUND**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES A. KRAFT 22125 N.E. 141ST COURT WOODINVILLE, WA 98072	PLUM CREEK MANAGEMENT CO.	04/28/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation OFFICER	Aggregate Year-to-Date > \$ 625.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY K. RICKLEFS 212D 102ND PLACE SE BELLEVUE, WA 98004	PLUM CREEK MANAGEMENT CO.	04/28/98	52.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 260.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS L. ROBINSON 166 YELLOW PINE DRIVE KALISPELL, NT 59901	PLUM CREEK MANAGEMENT CO.	04/28/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional) .....			227.00
TOTAL This Period (last page this line number only) .....			1,305.15

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**PLUM CREEK MGMT CO GOOD GOVERNMENT FUND**

A. Full Name, Mailing Address and ZIP Code COMERICA BANK P.O. BOX 75000 DETROIT, MI 482752250	Name of Employer  Occupation	Date (month, day, year) 04/01/98	Amount of Each Receipt this Period 102.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: INTEREST	Aggregate Year-to-Date > \$ 299.14		
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:	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:	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:	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:	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:	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:	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional) .....			102.95
TOTAL This Period (last page this line number only) .....			102.95

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**PLUM CREEK MGMT CO GOOD GOVERNMENT FUND**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CRAPO FOR U.S. SENATE P.O. BOX 1013 BOISE, ID 83701	MIKE CRAPO U S CONGRESS ID	04/08/98	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
CRAPO FOR U.S. SENATE P.O. BOX 1013 BOISE, ID 83701	MIKE CRAPO U S CONGRESS ID	04/29/98	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
C. 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:		
D. 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:		
E. 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:		
F. 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:		
G. 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:		
H. 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:		
I. 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:		

SUBTOTAL of Disbursements This Page (optional) ..... 2,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in full)

**PLUM CREEK MGMT CO GOOD GOVERNMENT FUND**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
COOKSEY FOR CONGRESS 1101 HUDSON LANE SUITE B MONROE, LA 71201	JOHN COOKSEY U S CONGRESS LA005 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	04/08/98	500.00
B. 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:		
C. 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:		
D. 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:		
E. 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:		
F. 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:		
G. 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:		
H. 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:		
I. 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:		
SUBTOTAL of Disbursements This Page (optional) .....			500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**PLUM CREEK MGMT CO GOOD GOVERNMENT FUND**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
MONTANAS FOR RICK HILL P.O. BOX 1256 HELENA, MT 596241256	RICK HILL U S CONGRESS MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> 98 <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	1,000.00
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:	Date (month, day, year)	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:	Date (month, day, year)	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:	Date (month, day, year)	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:	Date (month, day, year)	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:	Date (month, day, year)	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:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) .....			1,000.00
TOTAL This Period (last page this line number only) .....			3,500.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

**PLUM CREEK MGMT CO GOOD GOVERNMENT FUND**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF BARBARA CAMPBELL 471 LAKE HILL ROAD DEER LODGE, MT 59722	BARBARA CAMPBELL STATE HOUSE/LEGISLATURE/REP MT056 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	100.00
VICKIE COCCHIARELLA FOR REP CMTE 535 LIVINGSTON MISSOULA, MT 59801	VICKIE COCCHIARELLA STATE HOUSE/LEGISLATURE/REP MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	100.00
FRIENDS OF BILL CRISMORE 237 AIRFIELD RD. LIBBY, MT 59923	BILL CRISMORE STATE SENATE MT041 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	100.00
LARRY GRINDE FOR REP CMTE 712 W. MAIN LEWISTOWN, MT 59457	LARRY GRINDE STATE HOUSE/LEGISLATURE/REP MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	75.00
JOHN HARP FOR SENATE COMMITTEE 53 WILLOW KALISPELL, MT 59901	JOHN HARP STATE SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	100.00
JOHN HARP FOR SENATE COMMITTEE 53 WILLOW KALISPELL, MT 59901	JOHN HARP STATE SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: VOID CK 11-10117	04/29/98	100.00-
FRIENDS OF CHASE HIBBARD P.O. BOX 835 HELENA, MT 59624	CHASE HIBBARD STATE HOUSE/LEGISLATURE/REP MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	100.00
FRIENDS OF MATT MCCANN P.O. BOX 1093 HELENA, MT 59526	MATT MCCANN STATE HOUSE/LEGISLATURE/REP MT092 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	75.00
FRIENDS OF KEN MILLER P.O. BOX 186 LAUREL, MT 59044	KEN MILLER STATE SENATE MT011 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	50.00
SUBTOTAL of Disbursements This Page (optional)			600.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

**PLUM CREEK MGMT CO GOOD GOVERNMENT FUND**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS FOR DOUG MOOD P.O. BOX 42 SEELEY LAKE, MT 59868	DOUG MOOD STATE HOUSE/LEGISLATURE/REP MT Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF KARL OHS P.O. BOX 212 HARRISON, MT 59735	KARL OHS STATE HOUSE/LEGISLATURE/REP MT035 Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	50.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ROGER SOMERVILLE FOR REP CMTE 716 CRESTLINE AVE. KALISPELL, MT 59901	ROGER SOMERVILLE STATE HOUSE/LEGISLATURE/REP MT Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF ROBERT R. STORY, JR. 133 VALLEY CREEK ROAD PARK CITY, MT 59063	ROBERT R. STORY, JR. STATE HOUSE/LEGISLATURE/REP MTD24 Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF BILL TASH 240 VISTA DRIVE DILLION, MT 59725	BILL TASH STATE HOUSE/LEGISLATURE/REP MT034 Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	75.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JACK WELLS 150 COJLEE DRIVE BOZEMAN, MT 59718	JACK WELLS STATE SENATE MT014 Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/29/98	75.00
G. 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:		
H. 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:		
I. 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:		
SUBTOTAL of Disbursements This Page (optional) .....			500.00
TOTAL This Period (Last page this line number only) .....			1,100.00

Federal Election Commission

**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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5-20-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
 <i>SEP</i>	 5-20-98
PREPARER	DATE PREPARED