

2002 MAR -4 P 1:38

Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

CITIZENS FOR RESPONSIBLE GOVERNMENT-EMPLOYEES OF MONTANA POWER

ADDRESS (number and street)

Box 1574

Check if different than previously reported. (ACC)

Great Falls

MT

59403-1574

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00068056

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11) (Non-Election Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12) (Non-Election Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



July 31 Mid-Year Report (Non-election Year Only) (MY)



Termination Report (TER)

(c) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

Month

Day

Year

in the State of

State

(d) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

Month

Day

Year

in the State of

State

5. Covering Period

07 01 2001

through

12 31 2001

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

PATRICK L. SHERMAN

Signature of Treasurer

Patrick L. Sherman

Date

07 24 2001

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 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

CITIZENS FOR RESPONSIBLE GOVERNMENT - EMPLOYEES OF MONTANA POWER

Report Covering the Period:

From:

07 01 2001

To:

12 31 2001

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <i>2001</i> | | <i>8999.35</i> |
| (b) Cash on Hand at Beginning of Reporting Period | <i>14431.17</i> | |
| (c) Total Receipts (from Line 19) | <i>5479.43</i> | <i>12035.25</i> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <i>19910.60</i> | <i>21034.60</i> |
| 7. Total Disbursements (from Line 30) | <i>26826.3</i> | <i>38066.3</i> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <i>17227.97</i> | <i>17227.97</i> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <i>0</i> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <i>0</i> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

CITIZENS FOR RESPONSIBLE GOVERNMENT - EMPLOYERS OF MONTANA POWER

Report Covering the Period:

From:

07 01 2001

To:

12 31 2001

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | <i>3502.20</i> | |
| (ii) Unitemized | <i>1860.00</i> | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | <i>5362.20</i> | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) | <i>5362.20</i> | <i>11905.10</i> |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | | |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | <i>1111.11</i> | <i>1111.11</i> |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | <i>17.23</i> | <i>301.5</i> |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) | <i>5479.43</i> | <i>12035.25</i> |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | <i>5479.43</i> | <i>12035.25</i> |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | 8,263 | 10,663 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 8,263 | 10,663 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2,600.00 | 3,700.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | |
| 29. Other Disbursements | | |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) | 26,826.3 | 38,066.3 |
| 31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) | 21,826.3 | 38,066.3 |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) (from Line 11(d), page 3) | 53,622.0 | 11,905.0 |
| 33. Total Contribution Refunds (from Line 28(d)) | | |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 53,622.0 | 11,905.0 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 8,263 | 10,663 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) | 8,263 | 10,663 |

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

| | | | | | |
|---|------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE OF | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 |

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NAME OF COMMITTEE (In Full)
Citizens For Responsible Government - Employees of Montana Power

A. Full Name (Last, First, Middle Initial)
DANIEL T. BERUBE

Mailing Address
133 Shipley Way

City *ANACONDA* State *MT* Zip Code *59711*

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

Name of Employer *Montana Power* Occupation *Retired*

Receipt For:
 Primary General
 Other (specify) *Non Designated*

Aggregate Year-to-Date *600.00*

Date of Receipt
payroll deduction

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JOHN D. HATTEY

Mailing Address
2101 Garfield

City *ANACONDA* State *MT* Zip Code *59711*

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

Name of Employer *Montana Power Co* Occupation *PRESIDENT*

Receipt For:
 Primary General
 Other (specify) *Non Designated*

Aggregate Year-to-Date *600.00*

Date of Receipt
payroll deduction

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
PAMELA K. MARRELL

Mailing Address
1039 Platinum

City *Butte* State *MT* Zip Code *59701*

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

Name of Employer *Montana Power Co* Occupation *V. Pres. - Human Resources*

Receipt For:
 Primary General
 Other (specify) *Non Designated*

Aggregate Year-to-Date *4800.00*

Date of Receipt
payroll deduction

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) *5800.00*

TOTAL This Period (last page this line number only)

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

| | | | | | |
|---|-----|-----------------------------------|-----|--------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE OF | |
| <input type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 16 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RESPONSIBLE GOVERNMENT - EMPLOYEES OF MONTANAWOOD

Full Name (Last, First, Middle Initial)
A. **Michael J. Meldahl**

Mailing Address
4 Bittersweet

City **Butte** State **MT** Zip Code **59701**

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

Name of Employer **Touch America** Occupation **President**

Receipt For:
 Primary General
 Other (specify) **non designated**

Aggregate Year-to-Date **48000**

Date of Receipt

Amount of Each Receipt this Period **4000**
non designated payroll deduction

Full Name (Last, First, Middle Initial)
B. **JOHN LITZ PATRICK**

Mailing Address
218 9th Ave

City **Helena** State **MT** Zip Code **59601**

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

Name of Employer **Touch America** Occupation **Ex. Dir. Gov. Affairs**

Receipt For:
 Primary General
 Other (specify) **non designated**

Aggregate Year-to-Date **60000**

Date of Receipt

Amount of Each Receipt this Period **5000**
payroll deduction

Full Name (Last, First, Middle Initial)
C. **Kenneth Williams**

Mailing Address
18712 Shremor Dr

City **Derwood** State **MD** Zip Code **20855**

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

Name of Employer **Touch America** Occupation **Ex. Dir. Gen. Sales**

Receipt For:
 Primary General
 Other (specify) **non designated**

Aggregate Year-to-Date **90000**

Date of Receipt

Amount of Each Receipt this Period **7500**
payroll deduction

SUBTOTAL of Receipts This Page (optional) **198000**

TOTAL This Period (last page this line number only)

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

| | | | | | |
|---|-----|-----------------------------------|-----|--------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE OF | |
| <input type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 16 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RESPONSIBLE GOVERNMENT - EMPLOYEES OF MONTANA POWER

A. Michael Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address: **35 Burning Tree Lane**
 City: **Butte** State: **MT** Zip Code: **59701**
 Name of Employer: **Montana Power Co** Occupation: **Chief Legal Counsel**
 Receipt For: Primary General Other (specify) **non designated**
 Aggregate Year-to-Date: **600.00**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: **50.00**
payroll deduction

B. Robert P. Cannon
 Full Name (Last, First, Middle Initial)
 Mailing Address: **30 Burning Tree Lane**
 City: **Butte** State: **MT** Zip Code: **59701**
 Name of Employer: **Montana Power Co** Occupation: **Chairman - CEO**
 Receipt For: Primary General Other (specify) **non designated**
 Aggregate Year-to-Date: **900.00**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: **75.00**
payroll deduction

C. SUSAN J. Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address: **320 Little Basin Cr.**
 City: **Butte** State: **MT** Zip Code: **59701**
 Name of Employer: **Montana Power** Occupation: **Attorney**
 Receipt For: Primary General Other (specify) **non designated**
 Aggregate Year-to-Date: **200.00**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: **200.00**
payroll deduction

SUBTOTAL of Receipts This Page (optional) **157.00**
 TOTAL This Period (last page this line number only) **157.00**

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE OF |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (in Full)
Citizens For Responsible Government - Employees of Montana Power Co.

A. Howard M. Skjerve
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1440 Valley Forge**
 City: **Helena** State: **MT** Zip Code: **59601**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Montana Power** Occupation: **Customer Advocate**
 Receipt For: Primary General Other (specify) **Non designated.**
 Aggregate Year-to-Date: **2004**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: **16.70**
payroll deduction

B. Robert E. Cerek
 Full Name (Last, First, Middle Initial)
 Mailing Address: **P.O. Box 3116**
 City: **Butte** State: **MT** Zip Code: **59701**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Touch America** Occupation: **VP Pres. Human Resources**
 Receipt For: Primary General Other (specify) **Non designated.**
 Aggregate Year-to-Date: **300.00**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: **25.00**
payroll deduction

C. David S. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address: **428 W. Silver**
 City: **Butte** State: **MT** Zip Code: **59701**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Montana Power Co** Occupation: **Controller**
 Receipt For: Primary General Other (specify) **Non designated.**
 Aggregate Year-to-Date: **300.00**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: **25.00**
payroll deduction

SUBTOTAL of Receipts This Page (optional) **800.40**
 TOTAL This Period (last page this line number only) **800.40**

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

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

| FOR LINE NUMBER: | | PAGE | | OF |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Citizens For Responsible Government - Employees of Montana Power

A. Full Name (Last, First, Middle Initial)
Vicki L. Judd

Mailing Address
NW 316 Wickup

City *Florence* State *MT* Zip Code *59833*

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

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
25.00

Name of Employer
Montana Power Occupation *Mar. of Administration*

Receipt For:
 Primary General
 Other (specify) *non-designated*

Aggregate Year-to-Date *300.00*

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

Mailing Address
1829 Utah

City *Butte* State *MT* Zip Code *59701*

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

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
25.00

Name of Employer
Montana Power Co Occupation *EVP: CFO*

Receipt For:
 Primary General
 Other (specify) *non-designated*

Aggregate Year-to-Date *300.00*

C. Full Name (Last, First, Middle Initial)
Michael S. Pichette

Mailing Address
714 6th Ave

City *Helena* State *MT* Zip Code *59601*

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

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
17.00

Name of Employer
Montana Power Occupation *Lobbyist*

Receipt For:
 Primary General
 Other (specify) *non-designated.*

Aggregate Year-to-Date *204.00*

SUBTOTAL of Receipts This Page (optional) *804.00*

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

CITIZENS FOR RESPONSIBLE GOVERNMENT - EMPLOYEES OF MONTANA POWER

Full Name (Last, First, Middle Initial)

A. MARTZ FOR GOVERNOR - 2004

Date of Disbursement

10 / 10 / 2001

Mailing Address

P.O. Box 1596

Amount of Each Disbursement this Period

2000.00

City

Helena

State

MT

Zip Code

59624

Purpose of Disbursement

Campaign Contribution

Category/Type

Candidate Name

JUDY MARTZ

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MT District:

Full Name (Last, First, Middle Initial)

B. LEGISLATIVE CAMPAIGN COMMITTEE

Date of Disbursement

12 / 17 / 2001

Mailing Address

P.O. Box 22273

Amount of Each Disbursement this Period

2000.00

City

BILLINGS

State

MT

Zip Code

59104

Purpose of Disbursement

Contribution

Category/Type

Candidate Name

Committee

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Committee Donation

Full Name (Last, First, Middle Initial)

C. MONTANA REPUBLICAN PARTY

Date of Disbursement

08 / 23 / 2001

Mailing Address

1419 B Avenue

Amount of Each Disbursement this Period

3000.00

City

Helena

State

MT

Zip Code

59601

Purpose of Disbursement

Party Contribution

Category/Type

Candidate Name

N/A

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Party Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

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

2500.00

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

| | | | | | |
|---|-----------------------------|--|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE OF | |
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Montanis For Responsible Government - Employees of Montana Power

A. *Montana Democratic Party*

Full Name (Last, First, Middle Initial)

Mailing Address: *Box 1812*

City: *Helena* State: *MT* Zip Code: *59601*

Purpose of Disbursement: *Tackass Golf Tourney*

Candidate Name: *N/A*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *Golf Tourney*

Date of Disbursement: *09/14/2001*

Amount of Each Disbursement this Period: *10000*

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) *10000*

TOTAL This Period (last page this line number only)

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

| | | | | | | | | | |
|---|-----|-----------------------------------|----|--------------------------|-----|--------------------------|------|--------------------------|-----|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | | | | PAGE | OF | |
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 |
| | 26 | <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c |
| | | | | | | | | | 29 |

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RESPONSIBLE GOVERNMENT - EMPLOYEES OF MONTANA POWER

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial): *Wells Fargo Bank*

Mailing Address: *21-3RD AVE N.*

City: *Great Falls* State: *MT* Zip Code: *59401*

Purpose of Disbursement: *BANK CHARGES*

Candidate Name: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: *30.00*

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B. Department of Revenue

Full Name (Last, First, Middle Initial): *Department of Revenue*

Mailing Address: _____

City: *Helena* State: *MT* Zip Code: *59601*

Purpose of Disbursement: *STATE TAXES*

Candidate Name: _____

Date of Disbursement: *10 29 2001*

Amount of Each Disbursement this Period: *57663*

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) *8263*

TOTAL This Period (last page this line number only) *2108263*

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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