



Leech Lake Band of Ojibwe

Eli O. Hunt, Chairman

Arthur "Archib" La Rose, Secretary/Treasurer

District I Representative
Burton "Luke" Wilson

District II Representative
Lynan L. Losh

District III Representative
Richard Robinson, Jr

August 28, 2002

Federal Election Commission
999 E Street NW
Washington D.C. 20463

Re: Leech Lake PAC Registration

Dear Registration Person:

Please find enclosed FEC Form 1 to register our political committee, Leech Lake PAC. In reviewing the Federal Election Campaign Act packet by N. Bradley Litchfield, Associate General Counsel for the FEC, registration is required once a nonconnected political committee "makes expenditures exceeding \$1,000.00." Consequently, we now need to register our PAC.

I also verified that the Leech Lake PAC must file the report of expenditures by October 15, in an election year. However, our PAC will make federal contributions in several states and we may wish to file on the optional monthly schedule. I am requesting both sets of reporting forms now, so that I may determine which filing method is desirable for the PAC.

If you have any questions regarding the Leech Lake PAC please call on myself at (218) 335-3628, or our Tribal Attorney, Frank Bibeau at (218) 335-3673. Thank you.

Sincerely,

Sally Morrison, Treasurer
Leech Lake PAC

Cc: Frank Bibeau

Attached: FEC Form 1

RECEIVED
FEDERAL
ELECTION
COMMISSION
OPERATIONS CENTER
2002 SEP -4 A 10:10

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 SEP -11 AM 11
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LEECH LAKE PAC ATTN: SALLY MORRISON

LEECH LAKE BAND OF OJIBWE ~~AND~~

ADDRESS (number and street) 6530 HIGHWAY 2 NW

(Check if address is changed)

CASS LAKE MN 56633

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 08 28 2002

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SALLY MORRISON

Signature of Treasurer

Sally Morrison

Date

8/28/02

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

LEECH LAKE BAND OF OJIBWE

Mailing Address

6530 HIGHWAY 2 NW

CASS LAKE

MN

State 33

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

PAC IS TO COMPLY WITH FEC REGULATIONS

Type of Connected Organization: INDIAN TRIBE

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

LEECH LAKE PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name RICHARD JONES

Mailing Address 6530 HIGHWAY 2 NW
CASS LAKE MN 56633

Title or Position GOVERNMENT RELATIONS CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 218-335-8263

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer SALLY MORRISON

Mailing Address 6530 HIGHWAY 2 NW
CASS LAKE MN 56633

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 218-335-3628

Full Name of Designated Agent NADINE CHASE

Mailing Address 6530 HIGHWAY 2 NW
CASS LAKE MN 56633

Title or Position DEPUTY TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 218-335-3792

9. Banks or Other Depositories; List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CENTENNIAL NATIONAL BANK

Mailing Address

106 SIXTH STREET SOUTH

WALKER

MN

56404

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

N/A

CITY ▲

STATE ▲

ZIP CODE ▲

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>8-28-07</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>Sei</i> PREPARER	<i>8-28-07</i> DATE PREPARED