

03 JUL 15 AM 9:29

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Montanans for Tester

ADDRESS (number and street) ▼

PO Box 1135

Check if different  
than previously  
reported. (ACC)

Helena

MT

59624

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00412304

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MT

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2005

through

12

31

2005

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

Judith Zamore

Signature of Treasurer

Electronically Filed by Judith Zamore

Date

07

15

2008

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

FE5AN018

28020290352

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Montanans for Tester

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 5

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	88744.03	479206.68
(b) Total Contribution Refunds (from Line 20(d)).....	178.00	478.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	88566.03	478728.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	66583.42	300087.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66583.42	295087.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	183641.22	
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 20463  
Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Montanans for Tester

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

64324.14

206184.55

(ii) Unitemized.....

24419.89

271292.13

(iii) TOTAL of contributions

88744.03

477476.68

from individuals. ▶

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

1730.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

88744.03

479206.68

(add Lines 11(a)(iii), (b), (c), and (d))

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....**

0.00

0.00

**13. LOANS**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING**

EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

5000.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.).....

0.00

0.00

**16. TOTAL RECEIPTS (add Lines**

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

88744.03

484206.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	66583.42	300087.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	178.00	478.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	178.00	478.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	66761.42	300565.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	161658.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	88744.03
25. SUBTOTAL (add Line 23 and Line 24).....	250402.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66761.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	183641.22

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> Jon Tester		<b>Candidate ID Number</b> S6MT00162
<b>Name of Principal Campaign Committee</b> Montanans for Tester		<b>Committee ID Number</b> C C00412304
<b>Committee Address</b> PO Box 1135		
<b>City</b> Helena	<b>State</b> MT	<b>ZIP</b> 59624
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	482048.18	2158.50
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	482048.18	2158.50

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

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

FOR LINE NUMBER: PAGE 6 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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 Tester

A.

Full Name (Last, First, Middle Initial)

Robert Anderson

Mailing Address 770 Abn Lane PO Box 1116

City

Fort Benton

State

MT

Zip Code

59442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABN Ranch

Occupation

Farmer/Rancher

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
12 / 30 / 2005

Transaction ID: C3432417

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

William Arthur

Mailing Address 14821 Ashworth Ave N

City

Shoreline

State

WA

Zip Code

98133-6229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Club

Occupation

Field Director

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
11 / 15 / 2005

Transaction ID: C3425680

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Clyde Aspevig

Mailing Address PO Box 347

City

Clyde Park

State

MT

Zip Code

59018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Artist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
11 / 07 / 2005

Transaction ID: C3425363

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1700.00

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

28020290357

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Lar Auto

Mailing Address 4090 Duncan Dr

City

Missoula

State

MT

Zip Code

59802-3293

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Montana Clinic

Occupation  
Physician

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

384.00

Date of Receipt

12 / 01 / 2005

Transaction ID: C3426600

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Nancy Ball

Mailing Address 1236 Van Buren St.

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Jeweler

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

12 / 13 / 2005

Transaction ID: C3430782

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Thomas Barron

Mailing Address 545 Pearl St

City

Boulder

State

CO

Zip Code

80302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Author

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

12 / 16 / 2005

Transaction ID: C3430777

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1300.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Charlotte Beatty

Mailing Address 7755 Grant Creek Rd

City

Missoula

State

MT

Zip Code

59808-9342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Student

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

12 / 01 / 2005

Transaction ID: C3426599

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Michael Black

Mailing Address PO Box 23

City

Clinton

State

MT

Zip Code

59825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rock Creek Legal Services,  
PLLC

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

12 / 18 / 2005

Transaction ID: C3430471

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Edward Blank

Mailing Address 200 East 69th Street, Apt #42A

City

New York

State

NY

Zip Code

10121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2005

Transaction ID: C3431666

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2000.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) John Bohnert</p> <p>Mailing Address 11021 Point Six Rd.</p> <p>City State Zip Code Missoula MT 59808</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Missoula Anesthesiology</p> <p>Occupation Physician</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 01 / 2005</p> <p>Transaction ID: C3426604</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Luci Brieger</p> <p>Mailing Address 2363 Chief Victor Camp Rd</p> <p>City State Zip Code Victor MT 59875-9421</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Lifeline Farm</p> <p>Occupation Farmer</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2005</p> <p>Transaction ID: C3425423</p> <p>Amount of Each Receipt this Period 50.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robert Built</p> <p>Mailing Address Rt 2 Box 2241</p> <p>City State Zip Code Lewistown MT 59457</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self</p> <p>Occupation General Contractor</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 11 / 2005</p> <p>Transaction ID: C3430789</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶ 400.00</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

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

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

FOR LINE NUMBER: PAGE 10 / 86  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Brooks Burdette

Mailing Address 525 E 72nd Street  
919 3rd Ave

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schulte, Roth & Zabel LLP

Occupation  
Attorney

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

12 / 06 / 2005

Transaction ID: C3430701

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
Chris W Busch

Mailing Address PO Box 16567

City State Zip Code  
Missoula MT 59808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.49

Date of Receipt

12 / 07 / 2005

Transaction ID: C3426425

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
Thomas Campion

Mailing Address 14301 3rd Ave NW

City State Zip Code  
Seattle WA 98177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zumiez

Occupation  
Owner

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

12 / 01 / 2005

Transaction ID: C3429120

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 11 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Joel E. Chavez

Mailing Address P.O. Box 983

City

Helena

State

MT

Zip Code

59624-0983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Department of Environment-  
al Quality

Occupation  
Project Officer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2005

Transaction ID: C3425830

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Diane Kamp Clayton

Mailing Address PO Box 1185

City

Big Timber

State

MT

Zip Code

59011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Rancher

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
12 / 30 / 2005

Transaction ID: C3432414

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Dale Cline

Mailing Address 10578 North Rd

City

Big Sandy

State

MT

Zip Code

59820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2005

Transaction ID: C3425535

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

500.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 86  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

<b>A.</b>	Full Name (Last, First, Middle Initial) James Court Mailing Address 18 Heatherwood City Billings State MT Zip Code 59101 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	Date of Receipt MM / DD / YYYY 10 / 26 / 2005 Transaction ID: C3419663 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b>	Full Name (Last, First, Middle Initial) James Court Mailing Address 18 Heatherwood City Billings State MT Zip Code 59101 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	Date of Receipt MM / DD / YYYY 12 / 02 / 2005 Transaction ID: C3426586 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b>	Full Name (Last, First, Middle Initial) John Cullinane Mailing Address 91 Common St City Dedham State MA Zip Code 02026 FEC ID number of contributing federal political committee. C Name of Employer The Cullinane Group, Inc Occupation Businessman Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	Date of Receipt MM / DD / YYYY 12 / 29 / 2005 Transaction ID: C3432418 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) .....		700.00
TOTAL This Period (last page this line number only) .....		

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Sandra Dal Poggetto

Mailing Address 430 Monroe Ave

City

Helena

State

MT

Zip Code

59601-6173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Artist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
12 / 27 / 2005

Transaction ID: C3432437

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Sandra Dal Poggetto

Mailing Address 430 Monroe Ave

City

Helena

State

MT

Zip Code

59601-6173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Artist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
12 / 27 / 2005

Transaction ID: C3432439

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Deborah Frandsen

Mailing Address 420 E Beckwith Ave

City

Missoula

State

MT

Zip Code

59801-4427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

404.19

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2005

Transaction ID: C3417593

Amount of Each Receipt this Period

52.02

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: office supplies

SUBTOTAL of Receipts This Page (optional) .....

402.02

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

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

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

FOR LINE NUMBER: PAGE 14 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah Frandsen		Date of Receipt MM / DD / YYYY 12 / 31 / 2005	
	Mailing Address 420 E Beckwith Ave		Transaction ID: C3432444	
	City Missoula	State MT	Zip Code 59801-4427	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 404.19		
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				

<b>B.</b>	Full Name (Last, First, Middle Initial) Brett Debruycker		Date of Receipt MM / DD / YYYY 12 / 28 / 2005	
	Mailing Address 1692 6th Lane North East		Transaction ID: C3431991	
	City Dutton	State MT	Zip Code 59433-9635	Amount of Each Receipt this Period 2100.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer Self Occupation Farmer/Rancher			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00		
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert L. Deschamps III		Date of Receipt MM / DD / YYYY 10 / 29 / 2005	
	Mailing Address 4505 Old Marshall Grade Road		Transaction ID: C3419837	
	City Missoula	State MT	Zip Code 59802	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer Confederated Salish & Kootenai Tribes Occupation Prosecuting Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				

SUBTOTAL of Receipts This Page (optional) .....

2450.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Wade Adrian Dokken

Mailing Address 35432 Cousins Lane

City

Dent

State

MN

Zip Code

56528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenfield Financial

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

MM / DD / YYYY  
12 / 18 / 2005

Transaction ID: C3430469

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Thomas A. Dooling

Mailing Address 412 N. Rodney St.

City

Helena

State

MT

Zip Code

59601-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montana Advocacy

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2005

Transaction ID: C3425820

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Thomas A. Dooling

Mailing Address 412 N. Rodney St.

City

Helena

State

MT

Zip Code

59601-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montana Advocacy

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2005

Transaction ID: C3456855

Amount of Each Receipt this Period

140.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Fundraiser

SUBTOTAL of Receipts This Page (optional) .....

2440.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 86  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

**A.** Full Name (Last, First, Middle Initial)  
Mae Nan Ellingson  
Mailing Address 10055 Grant Creek Road  
City Missoula State MT Zip Code 59808-5615  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dorsey & Whitney Occupation Attorney  
Receipt For: 2006 Election Cycle-to-Date ▼  
☒ Primary ☐ General  
☐ Other (specify) ▼ 1000.00  
Date of Receipt 12 / 29 / 2005  
Transaction ID: C3432440  
Amount of Each Receipt this Period 1000.00  
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Janet Fine  
Mailing Address 1310 Leslie Ave  
City Helena State MT Zip Code 59601-1823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
☒ Primary ☐ General  
☐ Other (specify) ▼ 217.00  
Date of Receipt 12 / 30 / 2005  
Transaction ID: C3432412  
Amount of Each Receipt this Period 100.00  
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jed C Fitch  
Mailing Address 503 State St  
City Helena State MT Zip Code 59601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2006 Election Cycle-to-Date ▼  
☒ Primary ☐ General  
☐ Other (specify) ▼ 862.00  
Date of Receipt 11 / 11 / 2005  
Transaction ID: C3420254  
Amount of Each Receipt this Period 200.00  
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) 1300.00  
**TOTAL** This Period (last page this line number only)



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

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

FOR LINE NUMBER: PAGE 17 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Jed C Fitch

Mailing Address 503 State St

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

862.00

Date of Receipt

MM / DD / YYYY  
12 / 30 / 2005

Transaction ID: C3431740

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Rodger Freier

Mailing Address 1210 W 14th St

City

Havre

State

MT

Zip Code

59501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Water Well Contractor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2005

Transaction ID: C3425455

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

J.P. Gabriel

Mailing Address 6180 Alamosa Lane

City

Bozeman

State

MT

Zip Code

59718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Filmites Montana LLP

Occupation  
Producer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2005

Transaction ID: C3420186

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

350.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Jennifer Geiger

Mailing Address 6 Washington Place

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carroll College

Occupation

Professor of Biology

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

12 / 16 / 2005

Transaction ID: C3430435

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Joachim Gfoeller

Mailing Address 399 Park Avenue, 36th Floor

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GMG Capital Partners

Occupation

Venture Capitalist

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

12 / 19 / 2005

Transaction ID: C3431987

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jeffrey Lee Giltix

Mailing Address 128 Willow St, Apt 3C

City

Brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GMG Capital Partners

Occupation

CFO

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

12 / 19 / 2005

Transaction ID: C3431988

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

4450.00

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

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

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

FOR LINE NUMBER:		PAGE 19 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

<b>A.</b>		Full Name (Last, First, Middle Initial) Steven Grossman		Date of Receipt MM / DD / YYYY 12 / 29 / 2005	
Mailing Address		30 Huntington Road		Transaction ID: C3431667	
City		State		Zip Code	
Newton		MA		02458	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 2100.00	
Name of Employer Mass Envelope Plus		Occupation Executive		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00			

<b>B.</b>		Full Name (Last, First, Middle Initial) Lisa Seitz Gruwell		Date of Receipt MM / DD / YYYY 12 / 29 / 2005	
Mailing Address		58 Arroyo Way		Transaction ID: C3431640	
City		State		Zip Code	
San Francisco		CA		94127-1806	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 250.01	
Name of Employer Skyline Public Works		Occupation COO		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.01			

<b>C.</b>		Full Name (Last, First, Middle Initial) Lee Halprin		Date of Receipt MM / DD / YYYY 11 / 16 / 2005	
Mailing Address		104 Irving Street		Transaction ID: C3425863	
City		State		Zip Code	
Cambridge		MA		02138	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 500.00	
Name of Employer N/A		Occupation Retired		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2850.01
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Robin Harper Cowie

Mailing Address 4107 Outlook Dr.

City

Pittsburgh

State

PA

Zip Code

15122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Pittsburgh

Occupation  
Geneticist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

12 / 16 / 2005

Transaction ID: C3430717

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Juliet Hasler Foley

Mailing Address 206 Whitaker Dr

City

Missoula

State

MT

Zip Code

59803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missoula Public Schools

Occupation  
Teacher

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

12 / 30 / 2005

Transaction ID: C3432641

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

John Hayes

Mailing Address PO Box 6807

City

Great Falls

State

MT

Zip Code

59406-6807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Talbot Insurance

Occupation  
Insurance Agent

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2005

Transaction ID: C3418465

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER:		PAGE 21 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Anne Hess

Mailing Address 214 E 18th

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
12 / 08 / 2005

Transaction ID: C3430704

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Arnold Hiatt

Mailing Address 45 Autumn Rd

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stride Rite Foundation

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2005

Transaction ID: C3429113

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Ruth Hlavnicka

Mailing Address PO Box 366

City

Big Sandy

State

MT

Zip Code

59520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Big Sandy Schools

Occupation  
Teacher

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2005

Transaction ID: C3426640

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2250.00

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

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

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

FOR LINE NUMBER:		PAGE 22 / 86	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Sharon Howard

Mailing Address 4129 Huckleberry Dr

City State Zip Code  
Great Falls MT 59404-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montana State University

Occupation  
Professor

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

MM / DD / YYYY  
12 / 02 / 2005

Transaction ID: C3429108

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
John Hoyt

Mailing Address 2312 Broadway E

City State Zip Code  
Seattle WA 98102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pyramid Communications

Occupation  
Consultant

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2005

Transaction ID: C3425597

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
Laurence A. Hubbard

Mailing Address 1124 University St

City State Zip Code  
Helena MT 59601-6055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montana State Fund

Occupation  
CEO

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
949.00

Date of Receipt

MM / DD / YYYY  
11 / 01 / 2005

Transaction ID: C3425365

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

500.00

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

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

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

FOR LINE NUMBER:		PAGE 23 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Mary V. Hunt

Mailing Address 165 Fairway Dr

City

Helena

State

MT

Zip Code

59601-0120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2005

Transaction ID: C3418495

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Kelly Jenkins

Mailing Address 913 Stuart St

City

Helena

State

MT

Zip Code

59601-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jenkins Law Firm

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2005

Transaction ID: C3425826

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Charles Johnson

Mailing Address 909 W Central #507

City

Missoula

State

MT

Zip Code

59801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2005

Transaction ID: C3419556

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

850.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Charles Johnson

Mailing Address 909 W Central #507

City

Missoula

State

MT

Zip Code

59801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2005

Transaction ID: C3425799

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Charles Johnson

Mailing Address 909 W Central #507

City

Missoula

State

MT

Zip Code

59801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
12 / 30 / 2005

Transaction ID: C3431702

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Lloyd W. Kaercher

Mailing Address 710 Summit Ave

City

Hayre

State

MT

Zip Code

59501-4441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
10 / 11 / 2005

Transaction ID: C3418263

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Lloyd W. Kaercher

Mailing Address 710 Summit Ave

City

Havre

State

MT

Zip Code

59501-4441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
11 / 25 / 2005

Transaction ID: C3425850

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Sarah Kovner

Mailing Address 27 W 67th Street, Apt. 7

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
12 / 28 / 2005

Transaction ID: C3432579

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Albert H. Kramer

Mailing Address 1947 Belmont Rd NW

City

Washington

State

DC

Zip Code

20009-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
12 / 23 / 2005

Transaction ID: C3432415

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 26 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Laurie Kreindler

Mailing Address 4 Piping Brook Lane

City

Bedford

State

NY

Zip Code

10506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For: 2006

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

12 / 08 / 2005

Transaction ID: C3430703

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Dan Kully

Mailing Address 2919 Warren Ave. N

City

Seattle

State

WA

Zip Code

98109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LHKK Media

Occupation

Consultant

Receipt For: 2006

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2005

Transaction ID: C3425677

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jay Lebed

Mailing Address 11 Gardner Road

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lebed Asset Management,  
LLC

Occupation

Investment Manager

Receipt For: 2006

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.02

Date of Receipt

12 / 29 / 2005

Transaction ID: C3431654

Amount of Each Receipt this Period

250.01

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1750.01

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

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

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

FOR LINE NUMBER: PAGE 27 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Gregar H Lind, M.D.

Mailing Address 7383 Highline Ct

City

Missoula

State

MT

Zip Code

59808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missoula Anesthesiology,  
PC

Occupation  
Physician

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
12 / 01 / 2005

Transaction ID: C3456846

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Fundraiser

B.

Full Name (Last, First, Middle Initial)

Monica J. Lindeen

Mailing Address 1626 Heath St

City

Huntley

State

MT

Zip Code

59037-9137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Montana

Occupation  
Legislator

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

234.00

Date of Receipt

MM / DD / YYYY  
12 / 02 / 2005

Transaction ID: C3430771

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

William Little

Mailing Address 1107 5th Avenue

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George Little Management

Occupation  
Trade Show Producer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
12 / 07 / 2005

Transaction ID: C3430702

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1350.00

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

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

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

FOR LINE NUMBER:		PAGE 28 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

<b>A.</b>		Full Name (Last, First, Middle Initial) Sue A. MacGrath		Date of Receipt MM / DD / YYYY 10 / 27 / 2005	
Mailing Address		319 South 3rd		Transaction ID: C3418609	
City		Bozeman		Amount of Each Receipt this Period	
State		MT		1000.00	
Zip Code		59715			
FEC ID number of contributing federal political committee.		C			
Name of Employer Self		Occupation Attorney		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					
		1000.00			

<b>B.</b>		Full Name (Last, First, Middle Initial) Wendy Mackenzie		Date of Receipt MM / DD / YYYY 12 / 08 / 2005	
Mailing Address		829 Park Ave		Transaction ID: C3430779	
City		New York		Amount of Each Receipt this Period	
State		NY		250.00	
Zip Code		10021			
FEC ID number of contributing federal political committee.		C			
Name of Employer Self-employed		Occupation Public Affairs Consultant		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					
		250.00			

<b>C.</b>		Full Name (Last, First, Middle Initial) Scott Mainwaring		Date of Receipt MM / DD / YYYY 11 / 25 / 2005	
Mailing Address		2882 Grizzly Gulch Dr		Transaction ID: C3425578	
City		Helena		Amount of Each Receipt this Period	
State		MT		350.00	
Zip Code		59601-9668			
FEC ID number of contributing federal political committee.		C			
Name of Employer Self		Occupation Book Dealer		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					
		950.00			

SUBTOTAL of Receipts This Page (optional) .....

1600.00

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

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

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

FOR LINE NUMBER:		PAGE 29 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Scott Mainwaring

Mailing Address 2882 Grizzly Gulch Dr

City

Helena

State

MT

Zip Code

59601-9668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Book Dealer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

11 / 29 / 2005

Transaction ID: C3425835

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

James Manley

Mailing Address 201 4th Ave E

City

Polson

State

MT

Zip Code

59860-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2005

Transaction ID: C3431135

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jack I Meyer

Mailing Address 330 B S 1st St W

City

Missoula

State

MT

Zip Code

59801-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boyle, Deveny and Meyer

Occupation

Accountant

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

284.00

Date of Receipt

11 / 28 / 2005

Transaction ID: C3425855

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

700.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

David Mock

Mailing Address 9993 S. 3100 E

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GMG Capital Partners LLC

Occupation

Venture Capitalist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

MM / DD / YYYY  
12 / 22 / 2005

Transaction ID: C3431990

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Martin Molinaro

Mailing Address PO Box 909

City

Fort Benton

State

MT

Zip Code

59442-0909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Farmer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2005

Transaction ID: C3425543

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Richard Moore

Mailing Address 5 Windcrest Rd.

City

Rye

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lazard

Occupation

Managing Director

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2005

Transaction ID: C3431983

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

4200.00

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

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

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

FOR LINE NUMBER:		PAGE 31 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Ned Morgens  
Mailing Address 600 5th Ave

City State Zip Code  
New York NY 10020-2302

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

Name of Employer  
Morgens, Waterfall, Vinti-  
adis

Occupation  
Money Manager

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt

MM / DD / YYYY  
12 / 12 / 2005

Transaction ID: C3430699

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
Aidan Myhre  
Mailing Address 30 W 14th St. Ste. 205

City State Zip Code  
Helena MT 59601

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

Name of Employer  
The Gallatin Group

Occupation  
Consultant

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2005

Transaction ID: C3425458

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
Douglas Neil  
Mailing Address 3216 5A St NE

City State Zip Code  
Great Falls MT 59404-1106

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

Name of Employer  
Great Falls Fire Departme-  
nt

Occupation  
Firefighter

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
843.00

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2005

Transaction ID: C3425833

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Douglas Neil

Mailing Address 3216 5A St NE

City

Great Falls

State

MT

Zip Code

59404-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Falls Fire Departme-  
nt

Occupation  
Firefighter

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

843.00

Date of Receipt

MM / DD / YYYY  
12 / 15 / 2005

Transaction ID: C3430724

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Paul D Odegaard

Mailing Address 16 Alderson Ave #B

City

Billings

State

MT

Zip Code

59101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2005

Transaction ID: C3418304

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Daryl Parker

Mailing Address 23315 Yeager Road

City

Monroe

State

WA

Zip Code

98272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Real Estate

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 18 / 2005

Transaction ID: C3418493

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1100.00

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



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

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

FOR LINE NUMBER:		PAGE 33 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Raymond Peck

Mailing Address 2412 Columbia Ave.

City State Zip Code  
Helena MT 59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

11 / 16 / 2005

Transaction ID: C3425444

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
Carolyn Raffensperger

Mailing Address 3703 Woodland

City State Zip Code  
Ames IA 50014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Science and Environmental  
Health

Occupation  
Executive Director

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

12 / 07 / 2005

Transaction ID: C3426435

Amount of Each Receipt this Period

1100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
Carolyn Raffensperger

Mailing Address 3703 Woodland

City State Zip Code  
Ames IA 50014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Science and Environmental  
Health

Occupation  
Executive Director

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

12 / 07 / 2005

Transaction ID: C3456704

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

1300.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Bob Ream

Mailing Address 521 Clarke St

City

Helena

State

MT

Zip Code

59601-6229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2005

Transaction ID: C3425818

Amount of Each Receipt this Period

30.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Bob Ream

Mailing Address 521 Clarke St

City

Helena

State

MT

Zip Code

59601-6229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2005

Transaction ID: C3430718

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Dorie Benesh Refling

Mailing Address 101 Sunset Blvd

City

Bozeman

State

MT

Zip Code

59715-6652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Andriolo & Refling, PLLC

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2005

Transaction ID: C3420015

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

330.00

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

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

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

FOR LINE NUMBER:		PAGE 35 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.	Full Name (Last, First, Middle Initial) Paul Ringling		Date of Receipt MM / DD / YYYY 11 / 29 / 2005		
	Mailing Address PO Box 1029		Transaction ID: C3425860		
	City Miles City	State MT	Zip Code 59301-1029	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Rancher Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		
B.	Full Name (Last, First, Middle Initial) Paul Ringling		Date of Receipt MM / DD / YYYY 11 / 29 / 2005		
	Mailing Address PO Box 1029		Transaction ID: C3425861		
	City Miles City	State MT	Zip Code 59301-1029	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Rancher Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		
C.	Full Name (Last, First, Middle Initial) Paul Ringling		Date of Receipt MM / DD / YYYY 12 / 12 / 2005		
	Mailing Address PO Box 1029		Transaction ID: C3430786		
	City Miles City	State MT	Zip Code 59301-1029	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Rancher Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional) .....			200.00		
TOTAL This Period (last page this line number only) .....					

28020290386

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

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

FOR LINE NUMBER: PAGE 36 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Judith B Sapp

Mailing Address 111 West Street

City

Portland

State

ME

Zip Code

04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Komondorok LLC

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

10 / 29 / 2005

Transaction ID: C3419459

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Judith B Sapp

Mailing Address 111 West Street

City

Portland

State

ME

Zip Code

04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Komondorok LLC

Occupation  
Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

12 / 29 / 2005

Transaction ID: C3431686

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

R. Bruce Schwartz

Mailing Address 933 12th Ave

City

Helena

State

MT

Zip Code

59601-3866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DPHHS

Occupation  
Statistician

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

962.00

Date of Receipt

11 / 19 / 2005

Transaction ID: C3425445

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

450.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

R. Bruce Schwartz

Mailing Address 933 12th Ave

City

Helena

State

MT

Zip Code

59601-3866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DPHHS

Occupation  
Statistician

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

962.00

Date of Receipt

11 / 29 / 2005

Transaction ID: C3425834

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

R. Bruce Schwartz

Mailing Address 933 12th Ave

City

Helena

State

MT

Zip Code

59601-3866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DPHHS

Occupation  
Statistician

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

962.00

Date of Receipt

12 / 18 / 2005

Transaction ID: C3431967

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

James Scott

Mailing Address PO Box 7113

City

Billings

State

MT

Zip Code

59103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Interstate Bank Sys-  
tem

Occupation  
Banker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2005

Transaction ID: C3432409

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Steve Sibra

Mailing Address 510 NW 200th St

City

Shoreline

State

WA

Zip Code

98177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Retail Mail Order

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

272.00

Date of Receipt

11 / 15 / 2005

Transaction ID: C3425461

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Stephen F. Siebert

Mailing Address 6310 Woods Rd

City

Missoula

State

MT

Zip Code

59802-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Montana

Occupation

Professor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

209.00

Date of Receipt

12 / 03 / 2005

Transaction ID: C3429104

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Steve Silberstein

Mailing Address 29 Eucalyptus Road

City

Belvedere

State

CA

Zip Code

94920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

10 / 26 / 2005

Transaction ID: C3419658

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2225.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Garrick Simmons, M.D.

Mailing Address 601 W Spruce St, Ste G

City

Missoula

State

MT

Zip Code

59802-4047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Five Valley Urology

Occupation  
Doctor

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 01 / 2005

Transaction ID: C3426601

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Matthew Singer

Mailing Address 622 N. Benton Ave.

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Progressive States Network

Occupation  
Communications Director

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
12 / 02 / 2005

Transaction ID: C3426584

Amount of Each Receipt this Period

75.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Arl Skari

Mailing Address PO Box 296

City

Chester

State

MT

Zip Code

59522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

394.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2005

Transaction ID: C3418991

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

425.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Jill S Slater

Mailing Address 15 W 72nd St

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

12 / 22 / 2005

Transaction ID: C3431067

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Lavinia Snyder

Mailing Address 40 E 83rd Street

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lavinia's World

Occupation

Author

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

12 / 15 / 2005

Transaction ID: C3431981

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Arnold Spellun

Mailing Address 320 W 80th St.

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laughlin & Stern

Occupation

Attorney

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

12 / 19 / 2005

Transaction ID: C3431982

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

5100.00

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



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

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

FOR LINE NUMBER:		PAGE 41 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Barry Stang

Mailing Address 1415 winne

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montana Motor Carriers As-  
sociation

Occupation

Executive Vice Pres.

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2005

Transaction ID: C3456856

Amount of Each Receipt this Period

40.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Fundraiser

B.

Full Name (Last, First, Middle Initial)

Hope Stevens

Mailing Address PO Box 1510

City

Helena

State

MT

Zip Code

59624-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2005

Transaction ID: C3425370

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Hope Stevens

Mailing Address PO Box 1510

City

Helena

State

MT

Zip Code

59624-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

Date of Receipt

MM / DD / YYYY  
11 / 27 / 2005

Transaction ID: C3425822

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

115.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Hope Stevens

Mailing Address PO Box 1510

City

Helena

State

MT

Zip Code

59624-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

435.00

Date of Receipt

MM / DD / YYYY  
12 / 20 / 2005

Transaction ID: C3431971

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Gordon Stillie

Mailing Address PO Box 2305

City

Bigfork

State

MT

Zip Code

59911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Radiation Oncologist

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2005

Transaction ID: C3420816

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Myrna Stone

Mailing Address PO Box 163  
450 Graceville Rd N

City

Geraldine

State

MT

Zip Code

59446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Farmer

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 21 / 2005

Transaction ID: C3418461

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

550.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Wes Swenson

Mailing Address PO Box 406

City

Payson

State

UT

Zip Code

84651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forum Systems

Occupation

CEO and President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

12 / 27 / 2005

Transaction ID: C3431989

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Peter W. Talbot

Mailing Address PO Box 8971

City

Missoula

State

MT

Zip Code

59807-8971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westridge Creative

Occupation

Film Producer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

11 / 03 / 2005

Transaction ID: C3420008

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Peter W. Talbot

Mailing Address PO Box 8971

City

Missoula

State

MT

Zip Code

59807-8971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westridge Creative

Occupation

Film Producer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

12 / 17 / 2005

Transaction ID: C3430456

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2300.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Carol Tolan

Mailing Address 150 Columbus Ave, PH1A

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Consultant

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

MM / DD / YYYY  
12 / 20 / 2005

Transaction ID: C3431984

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Ann Tsukamoto

Mailing Address 747 Santa Ynez St

City

Stanford

State

CA

Zip Code

94305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stem Cells, Inc

Occupation

Vice President

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
10 / 26 / 2005

Transaction ID: C3419842

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jack R Tuholske

Mailing Address 1149 Harrison

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuholske Law Office PC

Occupation

Attorney

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 11 / 2005

Transaction ID: C3425378

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

4350.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Neal Ullman

Mailing Address 622 N Benton Ave

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Montana

Occupation

CDBG Program Specialist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

12 / 02 / 2005

Transaction ID: C3426585

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Neal Ullman

Mailing Address 622 N Benton Ave

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Montana

Occupation

CDBG Program Specialist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

12 / 16 / 2005

Transaction ID: C3430711

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Edwin Walter

Mailing Address PO Box 234

City

Twin Bridges

State

MT

Zip Code

59754-0234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sungard

Occupation

Software Analyst

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

12 / 02 / 2005

Transaction ID: C3426609

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

550.00

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

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

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

FOR LINE NUMBER:		PAGE 46 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Natascha Watson

Mailing Address 3306 Wagon Wheel Rd.

City

Bozeman

State

MT

Zip Code

59715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Mediation Center

Occupation

Mediator

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2005

Transaction ID: C3425376

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Tootie Welker

Mailing Address 100 Trout Creek Rd

City

Trout Creek

State

MT

Zip Code

59874-9637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanders Co Coalition for  
Family

Occupation

Director

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

10 / 01 / 2005

Transaction ID: C3416457

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Michael E. Wheat

Mailing Address PO Box 1105

City

Bozeman

State

MT

Zip Code

59771-1105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

649.85

Date of Receipt

10 / 13 / 2005

Transaction ID: C3418469

Amount of Each Receipt this Period

149.85

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Postage for Fu-  
ndraising Letter

SUBTOTAL of Receipts This Page (optional) .....

599.85

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

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

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

FOR LINE NUMBER:		PAGE 47 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

RMS Management Services

Mailing Address 36 S. Last Chance Gulch, Suite A

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
10 / 10 / 2005

Transaction ID: C3418282

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

PARTNERSHIP--partners below if itemized

B.

Full Name (Last, First, Middle Initial)

Rose Hughes

Mailing Address 52 Cloverview

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RMS Management

Occupation  
Consultant

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
10 / 10 / 2005

Transaction ID: C3418284

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sue Weingartner

Mailing Address 4480 Last Straw Dr

City

Helena

State

MT

Zip Code

59602-7132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RMS Management Services

Occupation  
Associate Executive

Receipt For: 2006

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
10 / 10 / 2005

Transaction ID: C3418283

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

300.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Gregar H Lind, M.D.

Mailing Address 7383 Highline Ct

City

Missoula

State

MT

Zip Code

59808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missoula Anesthesiology,  
PC

Occupation  
Physician

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
12 / 01 / 2005

Transaction ID: C3456847

Amount of Each Receipt this Period

-200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\* Reattribution of 08/23/-  
2005 Below

B.

Full Name (Last, First, Middle Initial)

Gregar H Lind, M.D.

Mailing Address 7383 Highline Ct

City

Missoula

State

MT

Zip Code

59808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missoula Anesthesiology,  
PC

Occupation  
Physician

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
12 / 01 / 2005

Transaction ID: C3456848

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

C.

Full Name (Last, First, Middle Initial)

William B Teefy

Mailing Address 18914 Walnut Rd

City

Castro Vally

State

CA

Zip Code

94546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Graphic Designer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

432.05

Date of Receipt

MM / DD / YYYY  
10 / 26 / 2005

Transaction ID: C3432603A

Amount of Each Receipt this Period

42.26

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* Earmarked Contribution:  
See Below

SUBTOTAL of Receipts This Page (optional) .....

42.26

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 49 / 86	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1099.38

Date of Receipt

MM / DD / YYYY  
10 / 26 / 2005

Transaction ID: C3432603AB

Amount of Each Receipt this Period

42.26

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

Note: Above Contribution  
earmarked through this or-  
ganization.

B.

Full Name (Last, First, Middle Initial)

William B Teefy

Mailing Address 18914 Walnut Rd

City

Castro Vally

State

CA

Zip Code

94546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Graphic Designer

Receipt For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

432.05

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2005

Transaction ID: C3432608A

Amount of Each Receipt this Period

44.99

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* Earmarked Contribution:  
See Below

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1099.38

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2005

Transaction ID: C3432608AB

Amount of Each Receipt this Period

44.99

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

Note: Above Contribution  
earmarked through this or-  
ganization.

SUBTOTAL of Receipts This Page (optional) ▶

44.99

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

64324.14

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Action Print

Mailing Address 110 W 13th St

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216310

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

14.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Action Print

Mailing Address 110 W 13th St

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216311

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

21.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 2250 10th Ave S

City Great Falls State MT Zip Code 59405

Purpose of Disbursement  
FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216335

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

70.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

105.24

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Albertsons

Mailing Address 2250 10th Ave S

City State Zip Code  
Great Falls MT 59405

Purpose of Disbursement  
FUEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216336

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

28.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Albertsons

Mailing Address 2250 10th Ave S

City State Zip Code  
Great Falls MT 59405

Purpose of Disbursement  
FUEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216337

Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

53.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Albertsons

Mailing Address 2250 10th Ave S

City State Zip Code  
Great Falls MT 59405

Purpose of Disbursement  
FUEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216338

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

29.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

111.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Montanans for Tester

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>AMERICAN AIR</b></p> <p>Mailing Address <b>PO Box 619612 MD 2400 CPII</b></p> <p>City <b>Bedford</b> State <b>TX</b> Zip Code <b>76021</b></p> <p>Purpose of Disbursement <b>Travel</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <b>2006</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: <b>D216339</b></p> <p>Date of Disbursement <b>11 / 03 / 2005</b></p> <p>Amount of Each Disbursement this Period <b>575.40</b></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>BlogAd</b></p> <p>Mailing Address <b>2458 Embarcadero Way</b></p> <p>City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94303</b></p> <p>Purpose of Disbursement <b>Internet Advertising</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <b>2006</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: <b>D216342</b></p> <p>Date of Disbursement <b>12 / 08 / 2005</b></p> <p>Amount of Each Disbursement this Period <b>220.00</b></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>BlueCross BlueShield Montana</b></p> <p>Mailing Address <b>560 N Park Avenue</b></p> <p>City <b>Helena</b> State <b>MT</b> Zip Code <b>59601</b></p> <p>Purpose of Disbursement <b>Insurance for Staff</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <b>2006</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: <b>D216389</b></p> <p>Date of Disbursement <b>12 / 31 / 2005</b></p> <p>Amount of Each Disbursement this Period <b>622.34</b></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶ <b>1417.74</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

28020290403

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Charles M. Aagenes

Mailing Address 227 Connell #4

City Missoula State MT Zip Code 59801

Purpose of Disbursement

Reimbursement-Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216392

Date of Disbursement

11 / 23 / 2005

Amount of Each Disbursement this Period

239.83

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Charles M. Aagenes

Mailing Address 227 Connell #4

City Missoula State MT Zip Code 59801

Purpose of Disbursement

Pay period ended 11/15/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216532

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

184.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Charles M. Aagenes

Mailing Address 227 Connell #4

City Missoula State MT Zip Code 59801

Purpose of Disbursement

Pay period ended 12/31/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216533

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

610.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1035.42

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Constant Contact

Transaction ID: D216344  
Date of Disbursement

Mailing Address Reservoir Place  
1601 Trapelo Road, Ste 329

10 / 07 / 2005

City Waltham State MA Zip Code 02451

Amount of Each Disbursement this Period

Purpose of Disbursement  
Software Licensing

55.00

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Constant Contact

Transaction ID: D216345  
Date of Disbursement

Mailing Address Reservoir Place  
1601 Trapelo Road, Ste 329

11 / 07 / 2005

City Waltham State MA Zip Code 02451

Amount of Each Disbursement this Period

Purpose of Disbursement  
Software Licensing

55.00

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Constant Contact

Transaction ID: D216346  
Date of Disbursement

Mailing Address Reservoir Place  
1601 Trapelo Road, Ste 329

12 / 07 / 2005

City Waltham State MA Zip Code 02451

Amount of Each Disbursement this Period

Purpose of Disbursement  
Software Licensing

55.00

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

165.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216396

Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

1068.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216397

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

220.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216398

Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

626.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1915.31

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D216399

Date of Disbursement

11 / 25 / 2005

Amount of Each Disbursement this Period

378.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D216400

Date of Disbursement

12 / 29 / 2005

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
First Data Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D216356

Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period

156.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

560.09

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Montanans for Tester

**A.** Full Name (Last, First, Middle Initial)  
First Data Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D216357  
Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period

14.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
First Data Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D216358  
Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

115.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
First Data Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D216359  
Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

12.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

142.60

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

## A. Full Name (Last, First, Middle Initial) First Data Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216360

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

29.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

## B. Full Name (Last, First, Middle Initial) Google, Inc.

Mailing Address Department Number 33181  
PO Box 390

City San Francisco State CA Zip Code 94139

Purpose of Disbursement  
Internet Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216349

Date of Disbursement

10 / 12 / 2005

Amount of Each Disbursement this Period

171.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

## C. Full Name (Last, First, Middle Initial) Google, Inc.

Mailing Address Department Number 33181  
PO Box 390

City San Francisco State CA Zip Code 94139

Purpose of Disbursement  
Internet Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216350

Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

32.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

233.76

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

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Google, Inc.

Mailing Address Department Number 33181  
PO Box 390

City State Zip Code  
San Francisco CA 94139

Purpose of Disbursement  
Internet Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216351

Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

33.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Jessica Grennan

Mailing Address 1124 1/2 6th Ave.

City State Zip Code  
Helena MT 59601

Purpose of Disbursement  
Reimbursement-Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216305

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

23.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Jessica Grennan

Mailing Address 1124 1/2 6th Ave.

City State Zip Code  
Helena MT 59601

Purpose of Disbursement  
Reimbursement-Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216307

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

356.69

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Jessica Grennan

Mailing Address 1124 1/2 6th Ave.

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Reimbursement-Travel

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D216511

Date of Disbursement

10 / 08 / 2005

Amount of Each Disbursement this Period

232.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Jessica Grennan

Mailing Address 1124 1/2 6th Ave.

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Pay period ended 10/15/2005

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D216512

Date of Disbursement

10 / 15 / 2005

Amount of Each Disbursement this Period

811.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Jessica Grennan

Mailing Address 1124 1/2 6th Ave.

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Pay period ended 10/31/2005

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2006

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D216513

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

811.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1855.50

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

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

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jessica Grennan</p> <p>Mailing Address 1124 1/2 6th Ave.</p> <p>City Helena State MT Zip Code 59601</p> <p>Purpose of Disbursement Pay period ended 11/15/2005</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D216514</p> <p>Date of Disbursement MM / DD / YYYY 11 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 811.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jessica Grennan</p> <p>Mailing Address 1124 1/2 6th Ave.</p> <p>City Helena State MT Zip Code 59601</p> <p>Purpose of Disbursement Pay period ended 11/30/2005</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D216515</p> <p>Date of Disbursement MM / DD / YYYY 12 / 02 / 2005</p> <p>Amount of Each Disbursement this Period 811.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jessica Grennan</p> <p>Mailing Address 1124 1/2 6th Ave.</p> <p>City Helena State MT Zip Code 59601</p> <p>Purpose of Disbursement Pay period ended 12/15/2005</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D216516</p> <p>Date of Disbursement MM / DD / YYYY 12 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 811.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

FESAN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

28020290412

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Jessica Grennan

Mailing Address 1124 1/2 6th Ave.

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Pay period ended 12/31/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216517

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

811.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Hotels.com

Mailing Address 10440 N. Central Express Way

City Dallas State TX Zip Code 75231

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216405

Date of Disbursement

11 / 03 / 2005

Amount of Each Disbursement this Period

201.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Hotels.com

Mailing Address 10440 N. Central Express Way

City Dallas State TX Zip Code 75231

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216406

Date of Disbursement

11 / 16 / 2005

Amount of Each Disbursement this Period

89.68

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1103.02

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

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Innovative Postal Services

Mailing Address 920 2nd St S

City State Zip Code  
Great Falls MT 59403

Purpose of Disbursement  
Print, mail letter

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D214931

Date of Disbursement

10 / 07 / 2005

Amount of Each Disbursement this Period

703.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Innovative Postal Services

Mailing Address 920 2nd St S

City State Zip Code  
Great Falls MT 59403

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216313

Date of Disbursement

11 / 21 / 2005

Amount of Each Disbursement this Period

1033.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Innovative Postal Services

Mailing Address 920 2nd St S

City State Zip Code  
Great Falls MT 59403

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216314

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

3587.22

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5324.56

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

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

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NAME OF COMMITTEE (In Full)  
Montanans for Tester

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Innovative Postal Services</p> <p>Mailing Address 920 2nd St S</p> <p>City Great Falls State MT Zip Code 59403</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D216315</p> <p>Date of Disbursement MM / DD / YYYY 12 / 01 / 2005</p> <p>Amount of Each Disbursement this Period 97.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Innovative Postal Services</p> <p>Mailing Address 920 2nd St S</p> <p>City Great Falls State MT Zip Code 59403</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D216316</p> <p>Date of Disbursement MM / DD / YYYY 12 / 01 / 2005</p> <p>Amount of Each Disbursement this Period 1045.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Innovative Postal Services</p> <p>Mailing Address 920 2nd St S</p> <p>City Great Falls State MT Zip Code 59403</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D216317</p> <p>Date of Disbursement MM / DD / YYYY 12 / 09 / 2005</p> <p>Amount of Each Disbursement this Period 36.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 1178.87</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	



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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Innovative Postal Services

Mailing Address 920 2nd St S

City

Great Falls

State

MT

Zip Code

59403

Purpose of Disbursement

Postage

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: D216318

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

102.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Innovative Postal Services

Mailing Address 920 2nd St S

City

Great Falls

State

MT

Zip Code

59403

Purpose of Disbursement

Postage

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: D216319

Date of Disbursement

12 / 11 / 2005

Amount of Each Disbursement this Period

1246.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Innovative Postal Services

Mailing Address 920 2nd St S

City

Great Falls

State

MT

Zip Code

59403

Purpose of Disbursement

Printing

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: D216320

Date of Disbursement

12 / 11 / 2005

Amount of Each Disbursement this Period

922.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

2270.80

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Innovative Postal Services

Mailing Address 920 2nd St S

City State Zip Code  
Great Falls MT 59403

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216321  
Date of Disbursement

/    /     
1 2 / 2 3 / 2 0 0 5

Amount of Each Disbursement this Period

295.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Innovative Postal Services

Mailing Address 920 2nd St S

City State Zip Code  
Great Falls MT 59403

Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216322  
Date of Disbursement

/    /     
1 2 / 2 3 / 2 0 0 5

Amount of Each Disbursement this Period

224.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Gregar H Lind, M.D.

Mailing Address 7383 Highline Ct

City State Zip Code  
Missoula MT 59808

Purpose of Disbursement  
Fundraiser

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D217005  
Date of Disbursement

/    /     
1 2 / 0 1 / 2 0 0 5

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

\* in-kind received

SUBTOTAL of Disbursements This Page (optional) ▶

820.56

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Montanans for Tester

**A. LOMBARDI STRATEGIC COMMUNICATIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 500 NORTH BENTON

City HELENA State MT Zip Code 59601

Purpose of Disbursement  
Political, Management Consulting Fee

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID: D216353

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

6000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B. Mathew Gross Communications**

Full Name (Last, First, Middle Initial)

Mailing Address 701 Percy Street

City Greensboro State NC Zip Code 27405

Purpose of Disbursement  
Internet Communications

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID: D216354

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C. Mathew Gross Communications**

Full Name (Last, First, Middle Initial)

Mailing Address 701 Percy Street

City Greensboro State NC Zip Code 27405

Purpose of Disbursement  
Internet Communications

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID: D216355

Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

2750.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

11250.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Molly Harper

Mailing Address 301 S Oakes

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
business cards

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D215322

Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

60.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

\* in-kind received

B.

Full Name (Last, First, Middle Initial)

Molly Harper

Mailing Address 301 S Oakes

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Reimbursement-Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216364

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

13.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Molly Harper

Mailing Address 301 S Oakes

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Pay period ended 10/15/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216520

Date of Disbursement

10 / 15 / 2005

Amount of Each Disbursement this Period

786.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

859.56

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

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

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Molly Harper

Mailing Address 301 S Oakes

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Pay period ended 10/31/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216521

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

786.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Molly Harper

Mailing Address 301 S Oakes

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Pay period ended 11/15/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216522

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

786.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Molly Harper

Mailing Address 301 S Oakes

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Pay period ended 11/30/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216523

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

608.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2181.62

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Molly Harper

Mailing Address 301 S Oakes

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Pay period ended 12/15/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216524

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

786.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Molly Harper

Mailing Address 301 S Oakes

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Pay period ended 12/31/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216525

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

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

Mailing Address PO Box 5805

City Helena State MT Zip Code 59604

Purpose of Disbursement  
Payroll Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216526

Date of Disbursement

10 / 24 / 2005

Amount of Each Disbursement this Period

71.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1357.50

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

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

Mailing Address PO Box 5805

City Helena State MT Zip Code 59604

Purpose of Disbursement  
Payroll Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216527

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

142.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

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

Mailing Address PO Box 5805

City Helena State MT Zip Code 59604

Purpose of Disbursement  
Payroll Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216528

Date of Disbursement

12 / 07 / 2005

Amount of Each Disbursement this Period

83.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Montana State Fund

Mailing Address 5 S. Last Chance Gulch

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Workers' Compensation Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216529

Date of Disbursement

10 / 15 / 2005

Amount of Each Disbursement this Period

165.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

390.71

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Montanans for Tester

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Montana State Fund</p> <p>Mailing Address 5 S. Last Chance Gulch</p>	<p>Transaction ID: D216372 Date of Disbursement MM / DD / YYYY 11 / 08 / 2005</p>
<p>City Helena State MT Zip Code 59601</p> <p>Purpose of Disbursement Workers' Compensation Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 165.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye St NW, Suite 1225</p>	<p>Transaction ID: D216415 Date of Disbursement MM / DD / YYYY 10 / 17 / 2005</p>
<p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye St NW, Suite 1225</p>	<p>Transaction ID: D216416 Date of Disbursement MM / DD / YYYY 11 / 23 / 2005</p>
<p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶ 3265.51</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ▶</p>	



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address 7500 Airline Drive

City Minneapolis State MN Zip Code 55450

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216414  
Date of Disbursement

11 / 21 / 2005

Amount of Each Disbursement this Period

625.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Paula Levine

Mailing Address 525 Park Avenue

City New York State NY Zip Code 10021

Purpose of Disbursement  
Fundraising Consulting Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216418  
Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

7500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Paula Levine

Mailing Address 525 Park Avenue

City New York State NY Zip Code 10021

Purpose of Disbursement  
Fundraising Consulting Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D216419  
Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

7500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

15625.80

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

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
Perkins Coie LLP

Mailing Address 607 14th St NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216373

Date of Disbursement

11 / 23 / 2005

Amount of Each Disbursement this Period

433.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Perkins Coie LLP

Mailing Address 607 14th St NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216374

Date of Disbursement

12 / 23 / 2005

Amount of Each Disbursement this Period

783.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Scott Peterson

Mailing Address 116 Juniper Avenue

City Glendive State MT Zip Code 59330

Purpose of Disbursement  
Pay period ended 11/1/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216534

Date of Disbursement

11 / 11 / 2005

Amount of Each Disbursement this Period

365.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1581.50

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

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Scott Peterson

Mailing Address 116 Juniper Avenue

City State Zip Code  
 Glendive MT 59330

Purpose of Disbursement  
 Pay period ended 11/15/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216535

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

226.87

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Scott Peterson

Mailing Address 116 Juniper Avenue

City State Zip Code  
 Glendive MT 59330

Purpose of Disbursement  
 Pay period ended 12/1/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216536

Date of Disbursement

12 / 07 / 2005

Amount of Each Disbursement this Period

226.88

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Scott Peterson

Mailing Address 116 Juniper Avenue

City State Zip Code  
 Glendive MT 59330

Purpose of Disbursement  
 Pay period ended 12/31/2005

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216537

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

226.88

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

680.63

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

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A. Full Name (Last, First, Middle Initial)

Placer Plaza

Mailing Address PO Box 495

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216530

Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

360.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

Placer Plaza

Mailing Address PO Box 495

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216376

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

360.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)

Placer Plaza

Mailing Address PO Box 495

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216377

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

360.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1080.00

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

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Last Chance Station

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216324

Date of Disbursement

10 / 15 / 2005

Amount of Each Disbursement this Period

11.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Last Chance Station

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216325

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

25.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Last Chance Station

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216326

Date of Disbursement

11 / 22 / 2005

Amount of Each Disbursement this Period

74.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

110.73

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Last Chance Station

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216327

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

3.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Last Chance Station

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216328

Date of Disbursement

12 / 07 / 2005

Amount of Each Disbursement this Period

46.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Last Chance Station

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216519

Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

1.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

51.69

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)  
PYRAMID COMMUNICATIONS

Mailing Address 1932 FIRST AVENUE

City SEATTLE State WA Zip Code 98101

Purpose of Disbursement  
Communications Consulting Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216378

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1146.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address 5325 Zuni St  
Rm 728

City Denver State CO Zip Code 80221-1499

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216299

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

160.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address 5325 Zuni St  
Rm 728

City Denver State CO Zip Code 80221-1499

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216300

Date of Disbursement

12 / 18 / 2005

Amount of Each Disbursement this Period

162.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1470.27

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 86

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Qwest

Mailing Address 5325 Zuni St  
Rm 728

City State Zip Code  
Denver CO 80221-1499

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216510

Date of Disbursement

10 / 15 / 2005

Amount of Each Disbursement this Period

158.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 2930 Prospect Ave

City State Zip Code  
Helena MT 59601

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216329

Date of Disbursement

10 / 19 / 2005

Amount of Each Disbursement this Period

94.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 2930 Prospect Ave

City State Zip Code  
Helena MT 59601

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216330

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

34.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

287.86

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



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

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

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 2930 Prospect Ave

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216331

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

31.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 2930 Prospect Ave

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216332

Date of Disbursement

12 / 07 / 2005

Amount of Each Disbursement this Period

23.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Town Pump

Mailing Address 401 10th Ave S

City Great Falls State MT Zip Code 59501

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216402

Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

41.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

96.12

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Town Pump

Mailing Address 401 10th Ave S

City  
Great Falls

State  
MT

Zip Code  
59501

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216403

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

20.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Town Pump

Mailing Address 401 10th Ave S

City  
Great Falls

State  
MT

Zip Code  
59501

Purpose of Disbursement  
Fuel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216404

Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

44.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Tranvia Inc

Mailing Address 16-20 West 19 St. Floor Ten

City  
New York

State  
NY

Zip Code  
10011

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D217004

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

80.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

145.18

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

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

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

FOR LINE NUMBER:  
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PAGE 83 / 86

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Triangle Telephone

Mailing Address PO Box 1220

City  
Havre

State  
MT

Zip Code  
59501

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216508

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2005

Amount of Each Disbursement this Period

47.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Triangle Telephone

Mailing Address PO Box 1220

City  
Havre

State  
MT

Zip Code  
59501

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216383

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2005

Amount of Each Disbursement this Period

48.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Triangle Telephone

Mailing Address PO Box 1220

City  
Havre

State  
MT

Zip Code  
59501

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216384

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2005

Amount of Each Disbursement this Period

48.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

143.32

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 86

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

TULIO RISTORANTE

Mailing Address 1100 5th Ave.

City  
SEATTLE

State  
WA

Zip Code  
98101

Purpose of Disbursement  
Fundraising and Program Event Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216426

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

484.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

United States Treasury

Mailing Address PO Box 660264

City  
Dallas

State  
TX

Zip Code  
75266-0264

Purpose of Disbursement  
Payroll Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216509

Date of Disbursement

10 / 24 / 2005

Amount of Each Disbursement this Period

2435.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank

Mailing Address PO Box 597

City  
Helena

State  
MT

Zip Code  
59624-0597

Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216295

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

43.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2963.89

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

<b>A.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address PO Box 597	<b>Transaction ID:</b> D216296 <b>Date of Disbursement</b> <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>16</div> <div>2005</div> </div>
City Helena State MT Zip Code 59624-0597 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address PO Box 597 City Helena State MT Zip Code 59624-0597 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D216297 <b>Date of Disbursement</b> <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>12</div> <div>15</div> <div>2005</div> </div> <b>Amount of Each Disbursement this Period</b> <div>33.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Working Assets Mailing Address 101 Market St City San Francisco State CA Zip Code 94105 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D216386 <b>Date of Disbursement</b> <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>10</div> <div>30</div> <div>2005</div> </div> <b>Amount of Each Disbursement this Period</b> <div>142.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>178.51</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

A.

Full Name (Last, First, Middle Initial)

Working Assets

Mailing Address 101 Market St

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216387

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

136.58

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Working Assets

Mailing Address 101 Market St

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D216531

Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

136.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

273.28

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

65024.34

NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 07-15-08  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

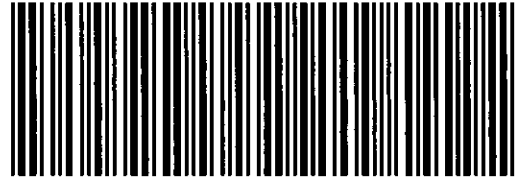
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX \_\_\_\_\_  
Date of Receipt

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Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-15-08

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