



EXHIBIT 5
 DATE 1-27-05
 HB 279

THE STATE OF MONTANA

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 COMMISSIONER OF
 POLITICAL PRACTICES

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P. O. Box 202401
 1205 Eighth Ave.
 HELENA, MT 59620-2401
 Phone: (406) 444-2942
 FAX: (406) 444-1643

Jan 9 10 37 AM '97
 TO BE FILED BY: _____ FORM
 PUBLIC EMPLOYEES, _____ E-1
 PUBLIC OFFICERS, and _____ Rev 8/96
 LEGISLATORS _____

MULTIPLE PUBLIC EMPLOYMENT DISCLOSURE STATEMENT

NAME _____ TELEPHONE _____
 Last Shea First Debbie Home _____ Work _____
 ADDRESS _____
100 Moor Ln. _____
 Mailing address _____
Butte, MT 59700 _____
 City, State, Zip Code _____
 _____ MULTIPLE PUBLIC EMPLOYMENT IS ON-GOING
 _____ MULTIPLE PUBLIC EMPLOYMENT IS OCCASIONAL

PUBLIC EMPLOYER NUMBER ONE _____ DATE(S) EMPLOYED _____
School Dist #1 _____
 Name _____ From: Jan 6 To: _____
111 N. Montana, _____
 Mailing Address _____ TITLE OR DESCRIPTION OF POSITION: _____
Butte, MT 59701 _____
 City, State, Zip Code _____
406-496-2000 _____
 Business Telephone _____ Fax _____
School Dist. Deducts Leg _____
Salary from pay _____

PUBLIC EMPLOYER NUMBER TWO _____ DATE(S) EMPLOYED _____
 Name _____ From: _____ To: _____
 Mailing Address _____ TITLE OR DESCRIPTION OF POSITION: _____
 City, State, Zip Code _____
 Business Telephone _____ Fax _____
 AMOUNT AND METHOD OF PAYMENT: _____

I certify that the above statements are true and correct to the best of my knowledge.

X Debbie Shea _____ Jan 7, 1997 _____
 Signature Date of this statement

Statements made on this form are subject to the civil and criminal penalty provisions of section 2-2-136, MCA.



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Rev 8/96

MULTIPLE PUBLIC EMPLOYMENT DISCLOSURE STATEMENT

NAME
ARNOTT PEGGY (Margaret)
Last First

TELEPHONE
Home 252-5537 Work 655-3047
Fax

ADDRESS
1512 Colorado
Mailing address
Billings, MT 59102
City, State, Zip Code

MULTIPLE PUBLIC EMPLOYMENT IS ON-GOING
[X] MULTIPLE PUBLIC EMPLOYMENT IS OCCASIONAL

PUBLIC EMPLOYER NUMBER ONE
Billings Public Schools
Name
415 N. 30th
Mailing Address
Billings, MT 59101
City, State, Zip Code
247-3777
Business Telephone Fax

DATE(S) EMPLOYED
From: Aug 96 To: June 97
TITLE OR DESCRIPTION OF POSITION:
TEACHER
AMOUNT AND METHOD OF PAYMENT:
44,433.00 annual / monthly checks

PUBLIC EMPLOYER NUMBER TWO
State of Montana - legislature
Name
State Capitol P.O. Box 201701
Mailing Address
Helena, MT 59620-1701
City, State, Zip Code
444-4800 1-900-225-1600
Business Telephone Fax

DATE(S) EMPLOYED
From: Jan To: April '97
Session dates
TITLE OR DESCRIPTION OF POSITION:
Legislator
AMOUNT AND METHOD OF PAYMENT:
58.50/day bi-weekly checks

I certify that the above statements are true and correct to the best of my knowledge.

X Rep. Peggy Arnott
Signature

2/19/97
Date of this statement

Statements made on this form are subject to the civil and criminal penalty provisions of section 2-2-136, MCA.

The school district is deducting for the substitute - \$200



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FORM E-1
Rev 8/96

MULTIPLE PUBLIC EMPLOYMENT DISCLOSURE STATEMENT

NAME Lynch John D <small>Last First</small>		TELEPHONE Home 406-723-8431 Work _____ Fax _____	
ADDRESS 527 W. Mercury Butte, MT 59701 <small>Mailing address City, State, Zip Code</small>		<input type="checkbox"/> MULTIPLE PUBLIC EMPLOYMENT IS ON-GOING <input type="checkbox"/> MULTIPLE PUBLIC EMPLOYMENT IS OCCASIONAL	
PUBLIC EMPLOYER NUMBER ONE Butte School Dist #1 <small>Name</small> 111 North Montana Butte, MT 59701 <small>Mailing Address City, State, Zip Code</small> 406-496-2000 <small>Business Telephone Fax</small>		DATE(S) EMPLOYED Present From: 1970 To: 1997 TITLE OR DESCRIPTION OF POSITION: Teacher	
PUBLIC EMPLOYER NUMBER TWO <small>Name</small> <small>Mailing Address</small> <small>City, State, Zip Code</small> <small>Business Telephone Fax</small>		DATE(S) EMPLOYED From: _____ To: _____ TITLE OR DESCRIPTION OF POSITION: AMOUNT AND METHOD OF PAYMENT:	

I certify that the above statements are true and correct to the best of my knowledge.

X John D. Lynch
Signature

1-6-96
Date of this statement



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FORM E-1 Rev 8/96

MULTIPLE PUBLIC EMPLOYMENT DISCLOSURE STATEMENT

NAME: McCarthy Beatrice
Last First
TELEPHONE: Home 406-563-2909 Work _____
Fax _____

ADDRESS: 1906 Ogden
Mailing address
Anaconda, Mt. 59711
City, State, Zip Code
 MULTIPLE PUBLIC EMPLOYMENT IS ON-GOING
 MULTIPLE PUBLIC EMPLOYMENT IS OCCASIONAL

PUBLIC EMPLOYER NUMBER ONE: School Dist #10
Name
Mailing Address: Anaconda Mt 59711
City, State, Zip Code
Business Telephone _____ Fax _____
DATE(S) EMPLOYED: From: _____ To: _____
TITLE OR DESCRIPTION OF POSITION: teacher
AMOUNT AND METHOD OF PAYMENT: legislative salary is deducted by school district

PUBLIC EMPLOYER NUMBER TWO: State of Montana
Name
Mailing Address _____
City, State, Zip Code _____
Business Telephone _____ Fax _____
DATE(S) EMPLOYED: From: _____ To: _____
TITLE OR DESCRIPTION OF POSITION: State Senator
AMOUNT AND METHOD OF PAYMENT: _____

I certify that the above statements are true and correct to the best of my knowledge.

X Beatrice McCarthy
Signature

Jan 6, 1996
Date of this statement