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06/07/2007 09 : 03

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

Glacier PAC

ADDRESS (number and street) 818 Connecticut Ave., NW

Suite 1009

☐ (Check if address is changed)

Washington DC 20006

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

holly@campaigncompliance.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2027759447

2. DATE M M 06 / D D 07 / Y Y Y Y 2007

3. **FEC IDENTIFICATION NUMBER** C C00353953

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

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

Type or Print Name of Treasurer **Monica Paoli**

Signature of Treasurer Electronically Filed by **Monica Paoli** Date M M 06 / D D 07 / Y Y Y Y 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

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

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

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

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

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

(e) ☐ This committee is a separate segregated fund

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

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY **STATE** **ZIP CODE**

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Glacier PAC

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

Full Name: **Holly Giarraputo**

Mailing Address: **3252 4th Street**

Oceanside | **NY** | **11572** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Comptroller

Telephone number **202** – **498** – **7123**

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

Full Name of Treasurer: **Monica Paoli**

Mailing Address: **106 E. Crestline Drive**

Missoula | **MT** | **59803** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number **202** – **775** – **9100**

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number – –

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

Name of Bank, Depository, etc.

Bank of America

Mailing Address **9150 Baltimore National Pike**

Ellicott City **MO** **21042** –

CITY **STATE** **ZIP CODE**