

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM

2002 JAN -2 P 12:53

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

WHITE MOUNTAIN PAC

ADDRESS (number and street)

PO BOX 1812

(Check if address
is changed)

CONCORD

MINN

03301-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

11 28 2001

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

N

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

H. Scott Flegal

Signature of Treasurer

Date

11 28 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

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

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (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

WHITE MOUNTAIN 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 H. SCOTT FLEGAL

Mailing Address K/O FLEGAL LAW OFFICE
147 MAIN STREET
NASHUA NH 03060

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 603-582-2434

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 H. SCOTT FLEGAL

Mailing Address K/O FLEGAL LAW OFFICE
147 MAIN STREET
NASHUA NH 03060

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 603-582-2434

Full Name of Designated Agent K. CAERYL FREED

Mailing Address K/O FLEGAL LAW OFFICE
147 MAIN STREET
NASHUA NH 03060

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number 603-582-2434

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.

FLEET NATIONAL BANK

Mailing Address

157 MAIN STREET

NASQUA NH 03061

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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