

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

GLANBIA FOODS INC PAC

ADDRESS (number and street)

1373 FILLMORE ST

(Check if address is changed)

TWIN FALLS

ID

83301

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

htench@glanbiausa.com

kslott@glanbiausa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

208-733-9222

2. DATE

01/15/2008

3. FEC IDENTIFICATION NUMBER ▶

C00441089

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

Tom Tench

Signature of Treasurer

*Tom Tench*

Date

01

21

2008

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

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)

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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

GLANBIA FOODS INC \_\_\_\_\_

Mailing Address 1373 FILLMORE ST \_\_\_\_\_

TWIN FALLS ID 83301 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

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 MILLER & CHEVALIER CHARTERED

Mailing Address 1655 FIFTEENTH STREET N WEST  
SUITE 900  
WASHINGTON DC 20005

Title or Position CITY STATE ZIP CODE  
CUSTODIAN OF RECORDS Telephone number 202-1626-5800

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 THOMAS ADDISON TENCH

Mailing Address 1603 DRINGTON  
SUITE 1000  
EVANSTON IL 160201

Title or Position CITY STATE ZIP CODE  
TREASURER Telephone number 847-563-4806

Full Name of Designated Agent KRISTINE ANN SLOTTEN

Mailing Address 1373 FILLMORE ST  
TWIN FALLS ID 83301

Title or Position CITY STATE ZIP CODE  
ASSISTANT TREASURER Telephone number 208-733-7555

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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

1040 SHOSHONE ST. E

TWIN FALLS

ID

833011

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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|--|-------------------------------|
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*JMO*  
 PREPARER  
 (3/2005)

1/28/08  
 DATE PREPARED

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