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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12PB4M5

NBT PAC Electoral Fund

ADDRESS (number and exten)

152 South Broad Street

(Check if address
is changed)

Norwich N.Y. 13815

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

607-337-6294

2. DATE

12/22/2003

3. FEC IDENTIFICATION NUMBER ►

C00207795

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 Brian Page

Signature of Treasurer

Brian Page

Date

12/22/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5107j.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9580
Local 202-694-1199

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

Write or Type Committee Name

NBT PAC Federal Fund

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

Full Name Brian PageMailing Address 52 South Broad StreetNorwich NY 13815Title or Position CITY STATE ZIP CODE Treasurer Telephone number 607-337-6258

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 Brian PageMailing Address 52 South Broad StreetNorwich NY 13815Title or Position CITY STATE ZIP CODE Treasurer Telephone number 607-337-6258Full Name of
Designated
Agent Anthony J. CiccarelliMailing Address 52 South Broad StreetNorwich NY 13815Title or Position CITY STATE ZIP CODE Asst. Treasurer Telephone number 607-337-6472

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.

NBT Bank

Mailing Address

52 South Broad Street

Newark NY 07102-1511

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12-29-03
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
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