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. 12FE4M5

MONTANA ACTION COMMITTEE FOR RURAL ELECTRIFICATION

ADDRESS (number and street) ▼ 501 BAY DRIVE

☐ (Check if address is changed)

GREAT FALLS | MT | 59404-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MECAMTCO@CPS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

406-761-8339

2. DATE 04 / 04 / 2007

3. FEC IDENTIFICATION NUMBER ▶ C00139360

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 David M. Wheelihan

Signature of Treasurer David M. Wheelihan Date 04 / 04 / 2007

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

MONTANA ELECTRIC COOPERATIVES' ASSOCIATION

Mailing Address 501 BAY DRIVE

GREAT FALLS MT 59404-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☒ Corporation w/o Capital Stock 501(c)(6) ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

27039420356

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: THOMAS A. KOLP

Mailing Address: 501 BAY DRIVE

GREAT FALLS | MT | 59404-

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

OUTSIDE ACCOUNTANT

Telephone number: 406-761-8333

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: DAVID M WHEELIHAN

Mailing Address: 501 BAY DRIVE

GREAT FALLS | MT | 59404-

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

TREASURER

Telephone number: 406-761-8333

Full Name of Designated Agent:

Mailing Address:

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

Telephone number: -

27039420357

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.

MOUNTAIN WEST BANK

Mailing Address 12 3 NW

GREAT FALLS MT 59404-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	4/11/07 DATE PREPARED

(3/2005)

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