

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

BLANBIA FOODS INC PAC

ADDRESS (number and street)

1373 FILLMORE ST

(Check if address is changed)

TWIN FALLS

ID

833011

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

208-1733-9222

2. DATE

11 01 2007

3. FEC IDENTIFICATION NUMBER ▶

C

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

Thomas Tench or Kris Slotten

Signature of Treasurer

Kris Slotten

Date

11 09 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

NONE _____

Mailing Address _____

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

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 202-626-5800

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 950 GREEN BAY RD
SUITE 210
WINNETKA IL 60093

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 847-999-4000

Full Name of Designated Agent KRISTINE ANNI SILOTTEN

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 83301-

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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USPS First Class Mail Postmarked
11/9/07

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Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked


 PREPARER

11/15/07
 DATE PREPARED

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