

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

NBT PAC FEDERAL FUND

ADDRESS (number and street)

521 SOUTH BROAD STREET

(Check if address is changed)

NEWARK NJ 07102

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

BRIAN.PAGE@NBTBANK.COM

DONNA.PIMENTEL@NBTBANK.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

607-334-7753

2. DATE

07 / 19 / 2007

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 J. Page

Signature of Treasurer

Brian J. Page

Date

07 / 19 / 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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

27039491613

Write or Type Committee Name

NBT PAK FEDERAL FUND

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 BRIAN PAGE

Mailing Address 52 SOUTH BROAD STREET

NORWICH

NY 13815

Title 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 PAGE

Mailing Address 52 SOUTH BROAD STREET

NORWICH

NY 13815

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 607-337-6258

Full Name of Designated Agent DIONNA PIMENTAL

Mailing Address 52 SOUTH BROAD STREET

NORWICH

NY 13815

Title or Position

CITY

STATE

ZIP CODE

ASST TREASURER

Telephone number 607-337-6389

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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.

NIBT BANK

Mailing Address

52 SOUTH BROAD STREET

NORWICH NY 13815

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039491615

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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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JmW
 PREPARER

7/30/07
 DATE PREPARED

(3/2005)

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