

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 MAR -2 A 10: 25

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

PPM ENERGY P.A.C.

ADDRESS (number and street)

1125 NW COUCH STREET

(Check if address  
is changed)

PORTLAND OR 97209-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

DONNA.FOY@PPMEMERGENT.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

(503)-796-1693

2. DATE

03 / 01 / 2006

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

Richard Glick

Signature of Treasurer

Date

03 / 01 / 2006

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  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9630  
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

PACIFIC CORP/PAM ENERGY POLITICAL ACTION COMMITTEE

Mailing Address 825 NE MULTNOMAH SUITE 2000 401

PORTLAND OR 97232

CITY STATE ZIP CODE

Relationship: AFFILIATED

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

PPM ENERGY PAC

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 DONNA FOY

Mailing Address 1125 NW COUCH STREET

PORTLAND OR 97209

Title or Position CITY STATE ZIP CODE

MANAGER Telephone number

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 RICHARD GLEICK

Mailing Address 900 7TH STREET NW

SUITE 960

WASHINGTON DC 20001

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent CARLTON STEELE

Mailing Address 1125 NW COUCH STREET

PORTLAND OR 97209

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number

26039004682

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.

U.S. BANK

Mailing Address

1555 SW OAK STREET

PORTLAND OR 97204-

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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| <input checked="" type="checkbox"/> Hand Delivered                               | Date of Receipt<br><i>3/2/06</i>                    |
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| <input type="checkbox"/> Postmark Illegible                                      |   |
| <input type="checkbox"/> No Postmark   |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                                       |
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| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                                     |
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| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked                       |

*Sei*  
 PREPARER  
 (3/2005)

*3/2/06*  
 DATE PREPARED

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