Image#	11931484716
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in 1	iull) (Check if name Example: If typying, type over the lines	12FE4M5
ADDRESS (number and s	atreet)	
(Check if address is changed)		
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) suehothem@benchmarkstrategies.org	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE <b>M M</b> <b>0 5</b>	/ D D / Y Y Y 19 / 2011	
3. FEC IDENTIFICA	TION NUMBER C C00493767	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Sue Hothem	
Signature of Treasurer	Electronically Filed by Sue Hothem	Date 05 / 19 / Y Y Y Y <b>0</b> 5 / 19
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

	FEG F	orm 1 (Revised 02/2009)	Page 2
		DMMITTEE (Check One)	
Can	didate C	ommittee:	
(a)	Ц	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 information below.)	ne candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Part	y Comm	ittee:	
(d)		This committee is a       (National, State         (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Poli	tical Act	ion Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock	oor Organization
		Membership Organization Trade Association Co	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	Fundra	ising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
		1.	

1.		FEC ID number
2.		FEC ID number
3.		FEC ID number
4.	[	FEC ID number

FEC Form 1 (Revised 02/2009)

FEC FORM I (Revised 02/2008

Write or Type Committee Name
PENN PAC

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. T. TIMOTHY HOLDEN **31 PEARL STREET** Mailing Address 1 SAINT CLAIR 17970 PA | CITY STATE ZIP CODE 🔺 Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative х Leadership PAC Sponsor Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in 7. possession of Committee books and records. **Holly Giarraputo** 1 1 1 Full Name 3242 Cummins Way Mailing Address Missoula МТ 59802 Title or Position CITY A **STATE** ZIP CODE A Comptroller 202 498 7123 Telephone number 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the

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	Sue Hothem			
Mailing Address		303 Massachusetts A	venue, NE	
		Washington	DC	20002
Title or Position ♥			STATE	
Tre	asurer		Telephone number	025460909

FEC Form 1 (Revi	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	
	т	elephone number	
Banks or Other Deposi safety deposit boxes or n Name of Bank, Depositor	naintains funds.	ne committee deposits funds, h	olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds.	ne committee deposits funds, h	olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. rst Interstate Bank	ie committee deposits funds, h	olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. rst Interstate Bank 101 E. Front St.		
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. <b>rst Interstate Bank</b> 101 E. Front St. PO Box 4667 Missoula		
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. <b>rst Interstate Bank</b> 101 E. Front St. PO Box 4667 Missoula CITY A		
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safety deposit boxes or n Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. <b>rst Interstate Bank</b> 101 E. Front St. PO Box 4667 Missoula city a ry, etc.		