

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

PPM Energy PAC

ADDRESS (number and street)

1125 NW Couch Street

(Check if address is changed)

Suite 700

Portland

OR

97209

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

5037966937

2. DATE

05 / 12 / 2006

3. FEC IDENTIFICATION NUMBER

C C00422352

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

Electronically Filed by Richard Glick

Date

05 / 12 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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

PPM Energy, Inc. _____

Mailing Address 1125 NW Couch Street
 Suite 700
 Portland OR 97209 -
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship connected _____

Type of Connected Organization:

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

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**
Suite 700
Portland OR 97209

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Custodian of Records Telephone number 503 796 7034

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 Glick**

Mailing Address **900 7th Street NW**
Suite 960
Washington DC 20001

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer Telephone number 202 549 7437

Full Name of Designated Agent **Carlton Steele**

Mailing Address **1125 NW Couch Street**
Suite 700
Portland OR 97209

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Assistant Treasurer Telephone number 503 796 6944

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.

US Bank

Mailing Address

555 SW Oak Street

Portland

OR

97204

CITY ▲

STATE ▲

ZIP CODE ▲