

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Ofc. Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

White Mountain PAC

ADDRESS (Home or street)

P.O. Box 1772

(Check if address is changed)

Concord

NH

03302

1772

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

scottflegal@flegal.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6038828557

2. DATE

11 / 30 / 2005

3. FEC IDENTIFICATION NUMBER

C C00370932

4. IS THIS STATEMENT

X

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

H. Scott Flegal

Signature of Treasurer

Electronically Filed by H. Scott Flegal

Date

11 / 30 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

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
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- (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

CGS COMMITTEE _____

Mailing Address _____ 228 S WASHINGTON STREET SUITE 115 _____

_____ ALEXANDRIA _____ VA _____ 22314 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | Joint Committee Rep _____

Type of Connected Organization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input checked="" type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or Type Committee Name

White Mountain 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 H. Scott Flegal

Mailing Address P.O. Box 1772

Concord NH 03302 - 1772

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 603 - 862 - 2434

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 H. Scott Flegal

Mailing Address P.O. Box 1772

Concord NH 03302 - 1772

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 603 - 862 - 2434

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

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.

BB&T

Mailing Address

1909 K ST., NW

Washington

DC

20006 -

CITY Δ

STATE Δ

ZIP CODE Δ