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2004 APR 29 A 9:57
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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12P24M5

MOUNTAIN STATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1610 TOWERSTONE COURT

(Check if address is changed) HELENA MT 59601

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS jamisonfamily@msa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 03 15 2004

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 MONA F. JAMISON

Signature of Treasurer Mona F. Jamison Date 03 15 2004

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.

3. 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

NONE stated by Inmate personnel on 4/2/03

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|--------------------------------|--------------------|
| Corporation | Corporation with Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name:

MOUNTAIN STATES POLITICAL ACTION COMMITTEE

7. Contributors of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name MONA F. JAMISON
 Mailing Address 610 TOUCHSTONE COURT
HELENA MT 59601
 Title or Position TREASURER CITY HELENA STATE MT ZIP CODE 59601
 Telephone number 406-442-1037

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 MONA F. JAMISON
 Mailing Address 610 TOUCHSTONE COURT
HELENA MT 59601
 Title or Position TREASURER CITY HELENA STATE MT ZIP CODE 59601
 Telephone number 406-442-1037

Full Name of Designated Agent WILLIAM H. ERICKSON
 Mailing Address 517 SOUTH 1550 EAST
BOONTIFUL UT 84010
 Title or Position ASSISTANT TREASURER CITY BOONTIFUL STATE UT ZIP CODE 84010
 Telephone number 801-296-1090

g. Bank 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.

VALLEY BANK

Mailing Address

321 FULLER AVENUE

HELENA

MT

59601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

April 14, 2004

RQ-1

Mona F. Jamison, Treasurer
Mountain States Political Action Committee
610 Touchstone Court
Helena, MT 59601

Response Due Date:
May 14, 2004

Identification Number: C00395954

Reference: Statement of Organization, dated 3/15/04

Dear Ms. Jamison:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

Unlike previous election cycles, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions

regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or my local number (202) 694-1394.

Sincerely,



William S. Wiquist
Campaign Finance Analyst
Reports Analysis Division

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 4-27-04
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ls</i>	4-27-04
PREPARER	DATE PREPARED