12050720079

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED -

2012 JAN 27 AM 11:08

FEGINALLICENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5					
MATE FOR CO)NGRESS,							
	<u></u>							
ADDRESS (number and street)	PO BOX 214	-1519						
(Check if address								
is changed)	JENKENITION	V ₁ N ₁	PA L	9.0.4.61-				
		CITY	STATE	ZIP CODE				
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one o	e-mail address)						
(Check if address	Waite For Congressegmaill. Gom							
is changed)								
COMMITTEE'S WEB PAGE ADD	DRESS (URL)							
. (Check if address	WWW. Naite	TOINGINGINES.	51-1501M1 1 1					
is changed)								
2. DATE 0 1 5	6'2012			•				
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 Debra S. Bernstein Signature of Treasurer Date 07 26 20 12								
Signature of Treasurer	bom DBc	<u> </u>	Date O'	26 2012				
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 Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)				

FEC I	Tage 2
	COMMITTEE
Candida	te Committae:
(a) V	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	NATHAN I KLEINMAN
Candidate Party Affilia	ation DEM Office Sought: X House Senate President
(c)	District 1 -/ This committee supports/opposes only one candidate, and is NOT an authorized committee.
	This committee copportor process only one canadato, and is not an authorized committee.
Name of Candidate	
Party Co	emmittee: (Democratic,
(d)	This committee is a or subordinate) committee of the Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registraot PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fur	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a fadoral candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Со	mmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number C
3.	FEC ID number C
4.	

Γ	_		一
_	FEC Form 1 (Revised	02/2009)	Page 3
٧	Vrite or Type Committee Nam	ne	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
L			111111
L	1 1 1 1 1 1 1 1		
	Mailing Address		
		CITY STATE Z	ZIP CODE
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in poss	ession of committee
	Full Name MAR	K PATRICK MORGIONI	
	Mailing Address	11.3.3.1. MARKIDR	
	•		
		WEST CHESTER 1 19A 1938	301-1
	Title or Position	CITY STATE Z	IP CODE
	DEP CAMPA	Telephone number 484-94	171-11991
8.	Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of
	Full Name of Treasurer	RAIS, BERNSTELLN	
	Mailing Address	[2,1,8, KENT, RD.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		WYNGOTE I PA LIGOT STATE Z	(15)-[] IP CODE
	Title or Position TREASURER	Telephone number $2 \cdot 1 \cdot 5 - 8 \cdot 6$	3,51-1,765

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent	RK PATRICK MORGIN).N.I	
Mailing Address	1.331 MARK DR		
	WIEISIT ICHIEISITER CITY	STATE	ZIP CODE
Title or Position	AIGN MER	Telephone number	
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		ch the committee deposits	funds, holds accounts, rents
LTIR	VMARK FINANCIAL M	TREDITI IVIN	IOM
Mailing Address	15,1,5, OLD YORK R	D	
	DENKINTOWN	LL PA	19046-
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	ory, etc.		
<u>L</u> _	<u> </u>		
Mailing Address			
	<u> </u>		السلام السلام
	CITY	STATE	ZIP CODE

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. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): /- ECL FIF 1/26/12 Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):