

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 MAR 26 AM 10:17

FECOMM CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 COMMITTEE TO ELECT ROBERT MARCOCCIA

ADDRESS (number and street) (Check if address is changed) 6 FIFTH STREET APT A HANOVER PA 17331-2150 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) ROBERT4USREP@COMCAST.NET

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) FACEBOOK.COM/ROBERT4USREP

2. DATE 03 ' 19 ' 2012

3. FEC IDENTIFICATION NUMBER C

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 ROBERT MARCOCCIO

Signature of Treasurer [Signature] Date 03 ' 19 ' 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.

Table with 5 columns: Office Use Only, and four empty columns.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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 ROBERT JOSEPH MARCACCIO

Candidate Party Affiliation IND Office Sought: House Senate President State PA District 04

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, 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/Registrant 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 Fundraising 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 federal 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number: C
2. _____ FEC ID number: C
3. _____ FEC ID number: C
4. _____ FEC ID number: C

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Write or Type Committee Name

COMMITTEE TO ELECT ROBERT MARCOCCIO

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 ROBERT JOSEPH MARCOCCIO

Mailing Address 6 FIFTH STREET APT A

HANOVER PA 17331-2150

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 717-634-6292

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 ROBERT JOSEPH MARCOCCIO

Mailing Address 6 FIFTH STREET APT A

HANOVER PA 17331-2150

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number 717-458-2490

12030761170

Full Name of Designated Agent

Sue Ann Wilkie

Mailing Address

DOVER

PA

1

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

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.

GE MONEY BANK

Mailing Address

901 MAIN AVENUE

NORWALK

CT

06851-1168

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030761171

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.

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|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/> | |
| <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 |


 PREPARER
 (3/2005)

3/26/12
 DATE PREPARED