2010 JUL -6 AN 10: 07

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July 1, 2010

Ann M. Kilburn, Treasurer Lycoming County Democratic Committee PAC 79 Quail Lane Cogan Station PA 17728

Identification Number: C00476994

James McAllister Campaign Finance Analyst Reports Analysis Division

Reference: Amended Statement of Organization, received 4/12/10

Mr. McAllister:

Attached is our second amended FEC Form 1 per your request. Because of our confusion County Party Chairperson Jessie L. Bloom spoke to you on the telephone yesterday, June 30, 2010. This new amended Reorganization Form 1 shows the corrections as she understood by the telephone conversation.

Thank You for your patience and understanding in helping us to get this committee started.

Sincerely,

Jon M. Kickun

Ann M. Kilburn, Treasurer

Attachment:1

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FORM 1				Office Use Only	
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2. date 0.7	01 2010				
3. FEC IDENTIFICATION		16.9.94			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examin	ed this Statement and to the best of my k	-	true, correct an	d complete.	
Type or Print Name of Trea	surer <u>ANN M. K</u>	ilburn	<u> </u>		
Signature of Treasurer	Ann M. Kielon	یک Da	ite 87	611	0.10
NOTE: Submission of faise, e	rroneous, or incomplete information may subj ANY CHANGE IN INFORMATION SHO			penalties of 2 L	l.S.C. §437g.
Office Use Only		For further information conta Federal Election Commission Toll Free 800-424-8530 Local 202-694-1100	ct:	FEC FOR	

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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)	X	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name Candi	-		
	Candi Party	idate Affiliati	on DEM Office Senate President State District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Con	nmittee:	
	(d)	R	This committee is a (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.	
	Politi	ical A	ction Committee (PAC):	
	(0)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:	
			Corporation Corporation w/o Capital Stock	
			Membership Organization	
			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	Fund	iraising Representative:	
1	(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			
	V		UNANIAN & GIDLIM MARTIA CONTACTOR ID NUMBER C	
		1.	A CALLER AND A CAL	
		2.	FEC ID number	
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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

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Mailing Address	GAST FINGOLM A	Nelli	
	WANYAMSPORT		17701-Lund
	СПҮ	STATE	ZIP CODE
Relationship:	ted Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	lentify by name, address (phone number	optional) and position of the person	n in possession of committee
	M. M. KILBURN	╘╾┺╾┖╼┸╌┸╶┚╌┚╴	<u></u>
Mailing Address	79 QUAIL LANC	<u> </u>	
			<u> </u>
	COEAN STATION	LILL PAT L	17728-1-1-1
Title or Position	СПҮ	STATE	ZIP CODE
TREASURE	°	Telephone number 570	1-14357-1276.9
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of t , assistant treasurer).	he treasurer of the committee; and	the name and address of
Full Name of Treasurer J.C.S	sie L. Blaon		<u> </u>

of Treasurer U.C.S ASST Mailing Address	615 LINCOLD +	Nei IIIII	┶ ┖╺┖╺┖╺┖╺┖╺╹╸╹
	WilliAMSport		
Titleyor Position	SURER LI	Telephone number 5	70-13-3-17.8-26

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Jen D	7/4/10		
PŘEPAREŘ (3/2005)	DATE PREPARED		