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2010 FEB 26

JESSIE L. BLOOM, CHAIR
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SAMUEL R. HOFF, TREASURER

LYCOMING COUNTY DEMOCRATIC COMMITTEE



LYCOMING COUNTY DEMOCRATIC COMMITTEE
615 LINCOLN AVENUE
WILLIAMSPORT, PA 17701



February 22, 2010

**Federal Election Commission
999 E. St. N. W.
Washington, D. C. 20463**

Re: Statement of Organization – PAC Fund

Gentlemen:

**I am enclosing our first statement of Organization for the FEC #.
Please assign a number to us and mail it to:
Lycoming County Democratic Committee PAC
615 Lincoln Ave.
Williamsport, Pa. 17701.**

Thanks, You.

Jessie L. Bloom
**Jessie L. Bloom Chair
JLB
Encl. (1)**

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2010 FEB 26 AM 9:12

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

LYCOMING COUNTY DEMOCRATIC COMMITTEE PAC

ADDRESS (number and street) (Check if address is changed) 179 Jubil Lane
COGANS STATION
PA 1771-28
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) ANNM@KILLBURN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 02 / 22 / 2010

3. FEC IDENTIFICATION NUMBER C need #

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 Ann M. Kilburn

Signature of Treasurer X Ann M. Kilburn Date 2 / 16 / 2010

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.

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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 _____

Candidate Party Affiliation **DEM** Office Sought: House Senate President State District

- (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 **DEM** (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

- TIC Comm - N/A*
1. LYCAMING COUNTY DEMOCRATS 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

Lycoming County Democratic Committee PAC

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

LYCOMING COUNTY DEMOCRATIC COMMITTEE

Mailing Address 1615T LIVERMOUTH AVE
WILLIAMSPORT PA 17701-2345
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 Ann KILBURN
Mailing Address 192 QUAIL LANE
COGAN STATION PA 17728
CITY STATE ZIP CODE

TREASURER Telephone number 570-435-2769

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 Ann KILBURN
Mailing Address 192 QUAIL LANE
COGAN STATION PA 17728
CITY STATE ZIP CODE

TREASURER Telephone number 570-435-2769

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Full Name of Designated Agent

Mailing Address

Title or Position

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.

WOODLAND BANK

Mailing Address

213 W 4th ST.

WILLIAMSPORT

PA

17701

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030261341

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 |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked <i>2/22/10</i> |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <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 |
| <i>Jm W</i> PREPARER | <i>2/24/10</i> DATE PREPARED |