

**FEC
FORM 1**

STATEMENT OF ORGANIZATION

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Office Use Only MAIL CENTER

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

REPRESENT PAC
 Po Box 58432

ADDRESS (number and street)

(Check if address is changed)

Philadelphia PA 19102

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) Aubrey@RittenhousePolitical.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.Representpa.org

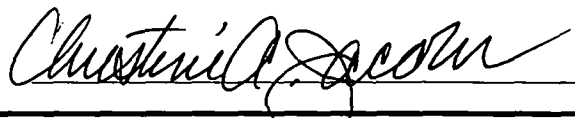
2. DATE 01 / 13 / 2015

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 Christine A. Jacobs

Signature of Treasurer  Date 01 / 14 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

000101 100101

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 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 (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	<input type="checkbox"/>	_____
2.	_____	FEC ID number	<input type="checkbox"/>	_____
3.	_____	FEC ID number	<input type="checkbox"/>	_____
4.	_____	FEC ID number	<input type="checkbox"/>	_____

11-0114-1001-1001-1001

Write or Type Committee Name

Represent PAC

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

Represent PA PAC

f/o Ritterhouse Political Partners

Mailing Address

30 South 15th Street, 15th Floor

Philadelphia

PA

19102

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

Aubrey Montgomery

Mailing Address

30 South 15th Street

15th Floor

Philadelphia

PA

19102

Title or Position

CITY

STATE

ZIP CODE

Principal

Telephone number

215-251-0585

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

Christine Jacobs

Mailing Address

240 Spruce Street

Philadelphia

PA

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

215-251-0585

Full Name of Designated Agent

[Grid for full name of designated agent]

Mailing Address

[Grid for mailing address line 1]

[Grid for mailing address line 2]

[Grid for mailing address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for title or position]

Telephone number

[Grid for 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.

PNC Bank

Mailing Address

1600 Market Street

[Grid for mailing address line 2]

Philadelphia PA 19102

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for name of bank, depository, etc.]

Mailing Address

[Grid for mailing address line 1]

[Grid for mailing address line 2]

[Grid for mailing address line 3]

CITY

STATE

ZIP CODE

11-0001-11-0001-11-0001

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

1/22/15
DATE PREPARED

4-7-15 11:14 AM