## 12030810512

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2012 MAY 14 AM 9: 28

FEC MAIL CENTER

			Office Use Only		
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5		
Jackson Ea	ton for C	0,1,9,1,6,55			
		11111111			
ADDRESS (number and street)	12335 W L	1. v.i.n.g.s.t.o.n 5	St. # P. 2 A		
(Check if address					
is changed)	[a,1,1,e,n,t,0,w	<u>n</u>	PA 1.8,1,0,4		
		CITY	STATE ZIP CODE		
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one	e-mail address)			
(Check if address is changed)	Liacksone	atanforcan	gr.e.s.s.fecccgmailram		
COMMITTEE'S WEB PAGE AD	DRESS (URL)		•		
(Check if address is changed)	www.jack	SIOINICICITIOINIFICI	riciongirieisissiciona		
2. DATE U.S 0	8 aoia umber CC	0507004			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
Location that I have examined to	this Statement and to the h	est of my knowledge and helief	it is true correct and complete		
. Type or Print Name of Treasure		est of my knowledge and belief	ств тив, ситест ана сотрыв.		
Signature of Treasurer	pilh - 0'm	Mez	Date 05 08 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 Commiss Toll Free 800-424-9530			

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		OMMITTEE Committee:	,.
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	,
(b)	السلا	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	iplete the candidate
Nam Cand	e of didate	$J_1$ , $J_1a_1c_1k_1s_1o_1n_1$ , $E_1a_1+1o_1n_1$	
Cano	didete	Office gary group	State
	/ Affiliati		District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diotrict Same
Nam	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	V anni I: postilipatet appart (post / postil appart )
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is
		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 so	egregated fund or party
	1200000	committee. (i.e., nonconnected committee)	
		In addition, this committee is a Lobbyist/Registrant PAC.	
<b></b>	tologon so make some	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for trommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
•	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	en de la companya de
	2.		
	3.		
	4.		

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Write or Type Committee Name		
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
<b>.</b>		
Mailing Address	<del></del>	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Cod	Ensemble Brownie - No.	
	ntify by name, address (phone number optional) and position of the person in	n possession of committee
books and records.		
Full Name	lian E. O'Maliley	
Mailing Address	1626 W Market Street	
	Bethlehem PA L	8,918-
Title or Position	CITY STATE	ZIP CODE
TT caselle cat	1	16401171166
Priegisiuireir	Telephone number DITIU	-16,401-17,4,56
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and treasurer).	ne name and address of
Full Name of Treasurer	lian, E. O'maliley	111111
Mailing Address	16,26 W Market Street	
		111111
	Bethlehem !!	8,0,1,8,-
Title or Position	CITY STATE	8,0,1,8]- ZIP CODE -[6,4,0]-[7,46,6]

CITY

STATE

ZIP CODE

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120308105

Mailing Address

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