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Use

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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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(Revised 02/2009)

Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) ' $-^{i_1}$ ' is changed) over the lines. Keith Spanarelli for US Senate ADDRESS (number and street) (Check if address Middletown is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) committee@keith2012.com (Check if address is changed)**** and its autometrics or incomplete a so-COMMITTEE'S WEB-PAGE ADDRESS-(URL)-超级的www.keith201 (Check if address is changed) DATE c 00521724 FEC IDENTIFICATION NUMBER > (NEW (N) 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. Kathleen Spanarelli Type or Print Name of Treasurer . i Signification Date Signature of Treasurer 44 (4 2. 35.9 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 For further information contact: **FEC FORM 1** Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)

5.	TYPE	E OF C	OMMITTEE									
	Can	didate	Committee:									
	(a)	\boxtimes	This committee is a	principal campai	gn comn	nittee. (Co	mplete t	the candida	ite inform	nation below	v.)	
	(b)		This committee is a information below.)	n authorized com	ımittee, a	and is NO	Га prin	cipal camp	aign com	ımittee. (Co.	mplete the cand	date
	Name Cand	e of didate	Keith Spa	narelli		111	<u></u>	1 1 1!	<u> </u>		1 1 1 1	
		didate / Affiliati	on DEM	Office Sought:		House	\boxtimes	Senate		President	State District	DE
	(c)		This committee supp	oorts/opposes on	ly one ca	andidate, a	and is N	IOT an aut	horized o	committee.		
	Name Cano	e of didate					***	41	170			
	Party Committee:											
	(d)		This committee is a		or su) commi	ittee of the	-	*	(Democratic, Republican, etc	c.) Party.
	Poli	tical A	ction Committee									
	(e)		This committee is a	separate segreg	ated fund	d. (Identify	connec	ted organiz	ation on I	ine 6.) Its co	onnected organiz	ation is a:
		_	Corporation			٦		w/o Capita			Labor Organ	
			Membership	Organization		Trad	e Assoc	ciation			Cooperative	
			In ad	ldition, this comm	ittee is a	Lobbyist/F	Registrar	nt PAC.				
	(f)		This committee sup			one Fede	ral cand	lidate, and	is NOT a	a separate :	segregated fund	or party
			In addition, th	nis committee is a	Lobbyis	t/Registrar	nt PAC.					
			In addition, the	nis committee is a	Leaders	ship PAC. (Identify	sponsor on	line 6.)			
	Joint Fundraising Representative:											
	(g)		This committee collections committees/organiza	cts contributions, tions, at least one	pays fun	draising ex n is an auth	penses orized o	and disburs	ses net p of a feder	roceeds for al candidate	two or more polit	ical
	(h)		This committee collection committees/organization								two or more polit	cal
		Com	mittees Participatin	a in Joint Fund	raicar							
		1.					i	FEC II) numbe	, . r : C	The first marries of white the contract of the	A Special Contraction of the Con
		2.						لسك	O numbe	- 10 to 10 t	The second of th	
		3.		1 1 1 1 1					O numbe	i da se a s	and the second of the second o	
		0.									Paul gade P	

Page 2

Write or Type Committee Name	
Keith Spanarelli for US Senate	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp	onsor
	<u> </u>
Mailing Address	
CITY STATE ZIP CODE	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA	C Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.	committee
Full Name Kathleen Spanarelli	
Mailing Address PO Box 740	
Middletown DE 19709 C	740
Title or Position CITY STATE ZIP CODE	
Treasurer Telephone number 302 1- 279 1- 6	039 ,
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	tress of
Full Name Kathleen Spanarelli of Treasurer	<u></u>
Mailing Address PO Box 740	
Middletown DE 19709 _ C	750
CITY STATE ZIP CODE Title or Position Treasurer Telephone number Telephone number	039

CITY

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ZIP CODE

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Middletown, DE 19709-0740

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Secretary of the Senate
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United States Senate

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