		RECEIVED FEO MAIL CENTER
FEC FORM 1	STATEMENT OF ORGANIZATION	2010 HAR 16 PH 12: 16
1. NAME OF COMMITTEE (in fuli)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
PIKE COUR	174 DEMOCRATIC GML	ITTE
ADDRESS (number and street)	POBPA PTT	
(Check if address is changed)	$M_{1} \leftarrow F_{0} \leftarrow I$	RA ((33.7-1)
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS (Please provide only one e-mail address) TREAJY RER OW IKE COY	NTYDEMOCRATS.ORG
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL) WWW. NKE GUNT TREP	100 RATS. 086-
2. DATE D 3 (	0 Zo ( 0	
3. FEC IDENTIFICATION I	NUMBER C 00 4 5 G 3 2 7	
4. IS THIS STATEMENT		
I certify that I have examined Type or Print Name of Treasur Signature of Treasurer	this Statement and to the best of my knowledge and belief rer GERALD ?. BALCAL MMMMMM	it is true, correct and complete. Date $03^{H}$ $10^{O}$ $20^{O}$ $10^{V}$
NOTE: Submission of false, erro	neous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	

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L	Office Use Only				For further information contact: Federal Election Commission Toli Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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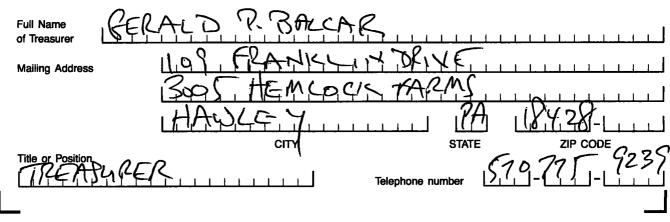
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5.	TYPE	E OF C	OMMITTEE
	Can	didate	Committee:
	(a)	·· - • <del>-</del> -	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		
	Candi Party	idate Affiliatio	on Sought: House Senate District
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Con	nmittee:
	(d)	r - E-r	This committee is a $Sub S$ (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.
	Polit	tical A	ction 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	t Fund	Iraising 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.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	
		4.	FEC ID number C

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Write or Type Committee Name	
TIKE COUNTY DEMOCRATIC COMMITTEE	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
REANSYLY NANIA DEMORRATING PARTY	
Mailing Address	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number – optional) and position of the person books and records.</li> </ol>	in possession of committee
Full Name GERALD R. BALCAR	
Mailing Address 1109 FRANKLINDRIVE	
BOOS HEMLOCK FARMS	
HAWLET PA	18.4.28-L
Title or Position CITY STATE	ZIP CODE
TREATURER Telephone number 7,0	9-1775-19238

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).



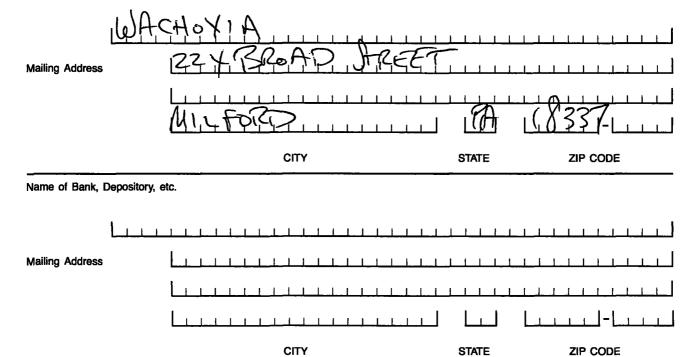
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FEC Form 1 (Revised 02/2009)

Title or Position							_								1				<b>-</b>			ne					ı			1_	. 1			1_	. 1		_		ı
	CITY														STATE ZIP CODE																								
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Full Name of Designated Agent	1	ł	1			1	. 1	1	I	1	L	1	1	1	_1	- 1	I		1				1	ł	1	1	I	<b>.</b>	-1	1	1	1	1	-1	1_	I	1		

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.



**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. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked, (R/C) **USPS Registered/Certified** Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt **Received from Senate Public Records Office** Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): 6/10 PREPARER DATE PREPARED (3/2005)