## Mary Ellen for Congress P.O. Box 1619 Havertown, PA 19083-9998

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March 18th, 2014

Federal Election Commission 999 E Street, NW Washington, DC 20463

I have enclosed the FEC Form 2, Statement of Candidacy, for Mary Ellen Balchunis and FEC Form 1, State of organization for Mary Ellen Balchunis for Congress. If you have any questions please contact me at 610-639-3515.

Sincerely,

Kudith LaLonde

**Treasurer** 

FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1				·		EC MAIL CEN	ITER
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	5	
Mary Elle	n Balo	hunis for for	· Con	gress		<u> </u>	
ADDRESS (number a	I I I I I I I I I I I I I I I I I I I	P. O. Box 1	619				
(Check if a is changed)		Havertown			PA	19083	998
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	address	s (Please provide only one lalondej@v	_	dress) n.net			لببا
COMMITTEE'S WEE	PAGE ADD	RESS (URL)					
(Check if is change		<u> </u>					
2. DATE 03	3 18	2014					
3. FEC IDENTIFIC	CATION NU	MBER C					·
4. IS THIS STATE	MENT 🛛	NEW (N) OR		AMENDED (A)			
Type or Print Name Signature of Treasure	of Treasurer	Judith LaL	onde	ole_	Date Ö	3 ′ 18 ′ 20	
	· · · · · ·	NY CHANGE IN INFORMA	ATION SHO			S.	
Office Use Only				For further Information of Federal Election Commission Toll Free 800-424-9530		FEC FORM (Revised 02/200	4

5.

FEC Form	n 1 (Revised 02/2009)	Page 2				
TYPE OF COMMITTEE						
Candidate Committee:						
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)					
•	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate				
Name of Candidate	Mary Ellen Balchunis					
Candidate Party Affiliation	DEM Office Sought: House Senate President	State PA District 07				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Comm						
(d) .	· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.				
Political Ac	tion Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:				
	Corporation Corporation w/o Capital Stock	Labor Organization				
	Membership Organization Trade Assectation	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
<b>(f)</b>	(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 Fundra	aising Representative:					
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vó or more political				
Committees Participating in Joint Fundraiser						
1.	FEC ID number C	•				
2.	FEC ID number C					
<b>3</b> .	FEC ID number C					
4. (	FEC ID number C					

٧	Vrite or Type Commit	tee Name
N	Mary Ellen	Balchunis for for Congress
<del></del>	<del></del>	mected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
1		
L	<u> </u>	
L	<u> </u>	
	Mailing Address	
	•	
		CITY STATE ZIP CODE
	Relationship: (	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in possession of committee
	Full Name	Judith, LaLonde
	Mailing Address	1742 Academy Lane
		Havertown PA 19083, 1623
	Title or Position	CITY STATE ZIP CODE
	Treasurer	Telephone number [610, ] - [639, ] - [3515, ]
В.		name and address (phone number optional) of the treasurer of the committee; and the name and address of ent (e.g., assistant treasurer).
	Full Name of Treasurer	Judith LaLonde
	Mailing Address	1742 Academy, Lane
		Havertown PA 19083, J-1623
	Title or Position	CITY STATE ZIP CODE  Telephone number   610,   -  639,   -  3515

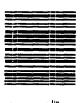
		<del></del>	Page 4
·			
Full Name of Designated			
Agent LIL	<del></del>		
Mailing Address			<del></del>
			<u> </u>
•	1		
	CITY	STATE	ZIP CODE
Title or Position			, ,
	Telephone	number	<u> </u>
···			
Mailing Address	C.Bank 5050 State Road		<del> </del>
			<u>-11-11-11-1</u>
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	Dręxel Hill	j PA	19026 - 4609
	Drexel Hill	J PA STATE	19026, J-[4609]
Name of Bank, Depositor	CITY	• •	
Name of Bank, Depositor	CITY	• •	
Name of Bank, Depositor	CITY	• •	
لبنا	CITY	• •	
لبنا	CITY	• •	
Name of Bank, Depositor L  Mailing Address	CITY	• •	

## FEC FORM 2 STATEMENT OF CANDIDACY

				والمتناء والمتناء والمتنان		
1.	(a) Name of Candidate (in full)					
_	Mary Ellen Balchunis (b) Address (number and street)	Check if address changed		2. Identification Number		
	35 Cedarbrook Rd					
	(c) City, State, and ZIP Code		<del></del>	3. Is This New Amend	ed	
	Ardmore PA 19003	Is or only	To 00-4- 0 Di-	Statement (N) OR (A)	_	
4.	Party Affiliation  Democratic	5. Office Sought Rep. of Congress	PA, 07	rict of Candidate		
_	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE					
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the					
	NOTE: This designation should be	filed with the appropriate office listed in $oldsymbol{ ext{t}}$	he instructions.			
_	(a) Name of Committee (in full)				_	
	Mary Ellen Balchi	unis for Congress				
	(b) Address (number and street)			•		
	P.O. Box 1619					
	(c) City, State, and ZIP Code					
	Havertown, PA 1	19083				
	DE	SIGNATION OF OTHER AU	THORIZED	COMMITTEES		
8.	I hereby authorize the following nan candidacy.	(Including Joint Fundraisin ned committee, which is NOT my princip	-	res) nimittee, to receive and expend funds on behalf of m	y	
	NOTE: This designation should be f	filed with the principal campaign committ	<b>ea</b> .			
	(a) Name of Committee (in full)					
			•	•		
_	(b) Address (number and street)		· <del></del>			
	·	· · · · · · · · · · · · · · · · · · ·				
	(c) City, State, and ZIP Code					
	I certify that I have exa	amined this Statement and to the best of	my knowledge a	and belief it is true, correct and complete.	_	
s	ignature of Candidate		······································	Date	•	
Mary Ellen Balchunis 3-24-14						
	Mary E	Elen Balco	hunis			
N			***			
N			***	3-24-14		

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PREPARER	4/4/14 DATE PREPARED		

(8/2013)