FEC FORM 1	RECEIVED FEC MAIL CENTER ORGANIZATION Office Use Only CENTER 2015 NOV 30 AM 7: 13 Office Use Only
1. NAME OF COMMITTEE (ir	n full) (Check if name Example: If typing, type 12FE4M5 over the lines.
Working F	Philadelphians PAC
ADDRESS (number a	ddress Apt 1
(Check if is change	address
(Check if is change	
2. DATE	<u> </u>
3. FEC IDENTIFIC	
4. IS THIS STATE	
I certify that I have o	examined this Statement and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name	of Treasurer Christopher Rupe
Signature of Treasure	er <u>Challen</u> Date <u>11</u> <u>24</u> <u>2015</u>
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 contact:         FEC FORM 1           Federal Election Commission         Toll Free 800-424-9530         (Revised 02/2009)           Local 202-694-1100         Local 202-694-1100         (Revised 02/2009)

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I ·	FEC Fo	orm 1 (Revised 02/2009) Page 2
		COMMITTEE e <b>Committee:</b>
(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.)
	ne of Ididate	
	ndidate ty Affiliatio	District
(C) Nan	ne of	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Can	ndidate	
	rty Con	nmittee: (National, State (Democratic,
(d)		This committee is a r subordinate) committee of the Republican, etc.) Par
		Action Committee (PAC):
(e) <sup>*</sup>		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
<b>(f)</b>	$\times$	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par 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.)
Joi	nt Fund	draising 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.
	Çöm	nmittees Participating in Joint Fundraiser
	1.	
•	2.	
• .:	3.	
	4.	

Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commbooks and records.         Full Name       Christopher Rupe         Mailing Address       [305 Queen St]         Image: Ima	·					
Write or Type Committee Name         Working Philadelphians PAC         6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponso         Mailing Address         Image: Connected Organization         Affiliated Committee         Image: Connected Organization						
Working Philadelphians PAC         6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor         Mailing Address         Mailing Address         Citry       State         Pelationship:       Connected Organization         Connected Organization       Artiliated Committee         Joint Fundraising Representative       Leadership PAC Sponsor         Cutstodian of Records: Identify by name, address (phone number - optional) and position of the person. In possession of commit books and records.         Full Name       Christopher Rupe         Mailing Address       (305 Queen St         Mailing Address       (305 Queen St         If reasurer:       List he name and address (phone number - optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).         Full Name       Christopher Rupe         If reasurer:       List he name and address (phone number - optional) of the treasurer of the committee; and the name and address         any designated agent (e.g., assistant treasurer).       State       Ip147, - (-, - (-, - (-, - (-, - (-, - (-, - (-, - (-,	FEC Form 1. (Revi	sed 02/2009)	· .			
6. Name of Ary Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso         Mailing Address         Mailing Address         Citry       STATE         Connected Organization         Affiliated Committee         Joint Fundraising Representative         Leadership PAC Sponso         Citry         STATE         ZiP CODE         Relationship:         Connected Organization         Affiliated Committee         Joint Fundraising Representative         Leadership PAC Sponso         Custodian of Records: Identify by name, address (phone number - optional) and position of the person. In possession of comm         books and records.         Full Name         (Apt 1         (Philadelphia)         (PA)         19147	Write or Type Committee 1	Name				
Mailing Address         Mailing Address         CITY       STATE         CITY       STATE         CITY       STATE         Custodian of Records: identify by name, address (phone number - optional) and position of the person. in possession of comm books and records.         Full Name       Christopher Rupe         Mailing Address       305 Queen St         Image: Address       Image: Address	Working Phil	adelphians PA	NC			
Image: Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadership PAC Spot         Relationship:       Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadership PAC Spot         Custodian of Records:       Identify by name, address (phone number optional) and position of the person. in possession of commbooks and records.         Full Name       Christopher Rupe         Mailing Address       [305 Queen St]         Itle or Position       Citry         State       ZiP CODE         Image: Interpret 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).         Full Name       Christopher Rupe         Image: Interpret Christopher Rupe       Image: I	6. Name of Any Connect	ed Organization, Affiliated C	committee, Joint Fu	ndraising Repre	sentative, o	Leadership PAC Sponsor
CITY       STATE       ZIP CODE         Relationship:       Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadership PAC Spot         Custodian of Records:       Identify by name, address (phone number optional) and position of the person. in possession of commbooks and records.         Full Name       Christopher Rupe         Mailing Address       [305 Queen St]         Itle or Position       CITY         STATE       ZiP CODE         Image: Interpret 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).         Full Name       Christopher Rupe         Image: Ima				I I I I I	1 4 4 1	
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Title or Position       CITY       STATE       ZIP CODE         Image: Treasurer is 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).       Telephone number       267       - 239       - 6973         Image: Treasurer is 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).       Full Name of Treasurer       Christopher Rupe       - 6973         Mailing Address       [305 Queen St]       - 6973       - 6973         Mailing Address       [305 Queen St]       - 6973         Image: Christopher Rupe       - 6973       - 6973         Image: Christopher Rupe       - 6974       - 6974         Image: Christopher Rupe       - 6974       - 19147         Image: Christopher Rupe       -	Ū	Apt 1		1 1 1 1 1		
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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).         Full Name of Treasurer       Christopher Rupe         Mailing Address       305 Queen St         Mailing Address       Apt 1         Philadelphia       PA         Title or Position       CITY	Title or Position	<u>, , , , , , , , , , , , , , , , , , , </u>			STATE	· · · · · · · · · · · · · · · · · · ·
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Full Name of Designated Agent			I I	 
Mailing Address				
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Title or Position				
		Telephone num	ber	
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## Working Philadelphians PAC If registered, FEC ID:

PENDING Today's Date:

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11/24/2015

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name: Christopher Rupe, Treasurer

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UNITED STATES POSTAL SERVICE

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Received from Senate Public Records Office	Date of Receipt
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Other (Specify):	Date of Receipt or Postmarked
	11-30-2015
PREPARER (3/2015)	DATE PREPARED

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