FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Delco Dems Federal PAC 104 Gayley Street ADDRESS (number and street) (Check if address is changed) Media 19063 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS power@lemonlawonline.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2020 C00753889 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR 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. Power, Michael, , , Type or Print Name of Treasurer Power, Michael, , , [Electronically Filed] 80 2020 Signature of Treasurer Date 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 Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye Z
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	1
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	
(d)	×	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		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.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	Fage 3
Delco Dems Federal PAC	
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or I	eadershin PAC Sponsor
	zeddership i 710 oponsor
Delaware County Democratic Committee	
104 Gayley Street Mailing Address	
Media PA	19063
CITY STATE	ZIP CODE
Relationship: Connected Organization x Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the perso books and records. 	n in possession of committee
Power, Michael, , ,	
Full Name	
Mailing Address	
Suite 200	
Glen Mills	19342
Title or Position CITY STATE	ZIP CODE
. 484	832 3179
Telephone number	
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).	
Full Name Power, Michael, , , of Treasurer	
11790 Wilmington Pike Suite 200	
Mailing Address Suite 200	
	19342
CITY STATE	ZIP CODE
Title or Position	832 3179
Telephone number	

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Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
safety deposit boxes or Name of Bank, Deposit	tory, etc.	committee deposits funds, h	iolds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank 1823 Wilmington Pike		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank 1823 Wilmington Pike		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank 1823 Wilmington Pike Glen Mills CITY	PA 1934	42
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank 1823 Wilmington Pike Glen Mills CITY tory, etc.	PA 1934 STATE	42
Safety deposit boxes or Name of Bank, Deposit PN	r maintains funds. tory, etc. C Bank 1823 Wilmington Pike Glen Mills CITY	PA 1934	42
Safety deposit boxes or Name of Bank, Deposit PN Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. C Bank 1823 Wilmington Pike Glen Mills CITY tory, etc.	PA 1934 STATE	42
Name of Bank, Deposit Name of Bank, Deposit Mailing Address	r maintains funds. tory, etc. C Bank 1823 Wilmington Pike Glen Mills CITY tory, etc.	PA 1934 STATE	42
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. C Bank 1823 Wilmington Pike Glen Mills CITY tory, etc.	PA 1934 STATE	42