

RECEIVED
FED MAIL CENTER
2016 MAY 12 AM 9:02



Corey D. O'Brien, Vice President
T: 570.550.5392
F: 570.309.0147
E: Corey.OBrien@AllOneHealth.com
WWW.ALLONEHEALTH.COM

May 6, 2016

Please date-stamp and return to me the attached copy of this filing in the enclosed self-addressed, stamped envelope.

Thank you!

A handwritten signature in cursive script that reads "Corey".

Corey D. O'Brien

WILKES-BARRE, PA | WOBURN, MA | NATICK, MA | PHILADELPHIA, PA

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

2016 MAY 12 AM 9:02

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

AllOne Health Resources, Inc. PAC

Abbreviated Name - AllOne Health PAC

ADDRESS (number and street)

100 North Pennsylvania Avenue

(Check if address is changed)

Wilkes-Barre

CITY ▲

PA

STATE ▲

18701

3503

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Corey.OBrien@AllOneHealth.com

Optional Second E-Mail Address

Peter.Castelline@AllOneHealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

05

05

2016

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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.

Type or Print Name of Treasurer

Peter C. Castelline CPA

Signature of Treasurer

Date

05

05

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

AllOne Health Resources, Inc.

Mailing Address

100 North Pennsylvania Avenue

Wilkes-Barre

PA

18701

3503

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Kelly Ankenbrand

Mailing Address

100 North Pennsylvania Avenue

Wilkes-Barre

PA

18701

3503

Title or Position

CITY

STATE

ZIP CODE

Secretary and Record Custodian

Telephone number

272

888

8888

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 of Treasurer

Peter C. Castelline, CPA

Mailing Address

100 North Pennsylvania Avenue

Wilkes-Barre

PA

18701

3503

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

272

268

4005

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