STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee To Elect Mike Marsicano 1135 Pilot Point ADDRESS (number and street) (Check if address is changed) Hazle Township 18202 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mike@marsicano.net (Check if address is changed) Optional Second E-Mail Address james@marsicanoforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2020 C00733618 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. Ondeck, Tammy, , , Type or Print Name of Treasurer Ondeck, Tammy, , , [Electronically Filed] 01 08 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 Only

Local 202-694-1100

	EEC Eo	rm 1 (Pavisad 02/2000)	Page 2			
		om 1 (Revised 02/2009) OMMITTEE	i aye Z			
		Committee:				
(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.)					
Nam Cano	e of didate	Marsicano, Michael, , ,				
	didate / Affiliation	on REP Office Sought: * House Senate President	State PA District 08			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:	(Davis a sushi a			
(d)		This committee is a (National, State or subordinate) committee of the	(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 co	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 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.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	Committees 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	. age 2
Committee To Elect Mike Marsicano	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
NONE	, , , , , , , ,
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in pos books and records.	session of committee
Ondeck, Tammy, , , Full Name	1
19 West 14th Street	
Mailing Address	
Hazleton PA 18201	
Title or Position CITY STATE	ZIP CODE
Treasurer 570 - Telephone number	455 - 8403
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ne and address of
Full Name Ondeck, Tammy, , ,	1
of Treasurer	
Mailing Address	
L Hazloton	
Hazleton PA 18201 CITY STATE	ZIP CODE
Title or Position	455 - 8403

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Full Name of Designated Agent Tkacik,	James, , ,		
Mailing Address	8 Wellington Drive		
	5	NO.	
	Portville CITY	STATE	ZIP CODE
Title or Position Campaign Manager	Telephone n	number	790 – 9306
safety deposit boxes or n Name of Bank, Depositor		nittee deposits funds, ho	olds accounts, rents
	10 Dessen Drive		
Mailing Address			
			·
	West Hazleton	PA 18202	2
	West Hazleton CITY	PA 18202 STATE	ZIP CODE
Name of Bank, Depositor	CITY		
Name of Bank, Depositor	CITY		
Name of Bank, Depositor	CITY CITY	STATE	
	CITY CITY	STATE	
	CITY CITY	STATE	