FEC

2010 MAR 29 AM 8: 55

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STATEMENT OF **ORGANIZATION**

PORIVI I				<u> </u>	Office Use Only
NAME OF COMMITTEE (in full)	(Check is chan		nple:If typing, type the lines.	12FE4M5	
Pipe For C	angres	S			
ADDRESS (number and street)	PO BO	<u> </u>		! !	
(Check if address is changed)			<u> </u>	<u> </u>	
	S,t,a,t,e	المارا الام	<u>e.</u>	PA	16805
		CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS (Please provid	e only one e-mail add	dress)		
(Check if address	linfo 6	Pi pefor	- CINGIFIE	5,5, .,C,0,r	<u> </u>
is changed)		<u> </u>	··		,
COMMITTEE'S WEB PAGE A	DDBESS (URL)	e de la companya de	and the second of the second o	•••	
(Check if address is changed)	[W W W -12:	i pë for c	COMBITIES S	co,m	
2. DATE 0.3	4 201	Commod			
3. FEC IDENTIFICATION I	NUMBER	C004	76341		
4. IS THIS STATEMENT	NEW (N)	OR V	AMENDED (A)		
I certify that I have examined	this Statement and	to the best of my k	rnowledge and belief	it is true, correc	t and complete.
Type or Print Name of Treasur	rer Ashley	Bessoir			al-parameter and a second and a
Signature of Treasurer	Daley	Besser	·	Date 0	3 14 20 10
NOTE: Submission of false, erro			ect the person signing		the penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

		COMMITTEE				
Can	Ididate	e Committee:				
(a)	X	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 lidate	Michael Pipe				
	lidate ⁄ Affiliat	on Dem Office State PA Sought: House Senate President District				
(c)	gas er	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Parl	v Cor	nmittee:				
(d)		(National, State (Democratic, This committee is a resulting or subordinate) committee of the Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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	raising 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)	Taren .	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.				
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C				
	3 .	FEC ID number C				
	4.	FEC ID number C				

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Write or Type Committee Nam	ne ,						
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor							
Mailing Address							
-							
		1-1 , , , ,					
	CITY STATE ZIP	CODE					
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor					
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person in possess	sion of committee					
Full Name hsihi	lieigi Besisioii iri i i i i i i i i i i i i i i i i						
Mailing Address	P10 B101x: 110111161: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	State Colliege PA 1680	<u>5</u>					
Title or Position	CITY STATE ZIP	CODE					
Treasurer	Telephone number						
B. Treasurer: List the name all any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer).	and address of					
Full Name of Treasurer	I e y Bessoir :	<u> </u>					
Mailing Address	P16: B0x 110:176:						
	State College PA LIGBOS						
Title or Position		CODE					
I MEICHS UNIER	Telephone number						

CITY

STATE

ZIP CODE

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Full Name of Designated Agent

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked 3/23				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirma	tion™ Label				
. USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Business D	Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	eipt or Postmarked				
Er	3/29/10				
PREPARER (3/2005)	DATE PREPARED				