Image# 13964081014				07/15/2013 19 : 30
FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 4 ——
			C	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Melissa Brown fo	or Congress			
ADDRESS (number and street)	PO BOX 498			
(Check if address is changed)			PA19 <sup>0</sup>	031
			STATE A	
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	lissa1011@gmail.com			
is changed)	Optional Second E-Mail Add	dress ncast.net		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 07 1	5 / Y Y Y Y 2013			
3. FEC IDENTIFICATION N		00331132		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasure	er ALEX BARNA			
Signature of Treasurer	X BARNA	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 15 / 2013
NOTE: Submission of false, erron		may subject the person signing the New York and the New Yor		penalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ntact:	FEC FORM 1 (Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>	
TYP	E OF C	OMMITTEE		
Can	ndidate	e 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. (Cor information below.)	nplete the candid	late
Nam Cano	le of didate			
	didate y Affiliati	on REP Office Sought: X House Senate President	State	PA 13
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District	15
Nam Cano	e of didate			
Par	ty Con	nmittee:		
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.	) Party.
Poli	itical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organiza	tion is a:
		Corporation Corporation w/o Capital Stock	Labor Organiz	ation
		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 s committee. (i.e., nonconnected committee)	egregated fund c	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	nt 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		cal
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more politic	al
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.	FEC ID number		

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Write or Type Committee Name

## Melissa Brown for Congress

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

N					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	d Organization	Joint Fundraisi	ng Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number	- optional) and pos	sition of the person in	possession of committee
	Full Name				
	Mailing Address				
	Title or Position	CITY		STATE	ZIP CODE
			Telephone n	umber	
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the	he committee; and the	name and address of
	Full Name  ALEX BAR    of Treasurer	RNA			
	Mailing Address	270 S Woodmont Dr			
		Downingtown CITY		PA 19335 STATE	ZIP CODE
	Title or Position Treasurer		Telephone nu	umber 610 -	873 - 8215

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Full Name of Designated Agent			 																							1					
Mailing Address																															
																								1			_		1		
						СП	ΓY											STA	ΤE						ZIF	o C	OD	Е			
Title or Position																															
													Tele	eph	ione	e ni	umt	ber				<u> </u>	] –				_				

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of B	ank, Depo	ository, etc.
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PNC B	ank		
Mailing Address	PO Box 535230		
	Pittsburg	PA	15253-5230
	CITY	STATE	ZIP CODE
Name of Bank, Depository, o	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE