

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

09 JUL -7 PM 1:25

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Joe Torsella for Senate

ADDRESS (number and street)

Mark Foley, Treasurer

c/o Cozen O'Connor, 1900 Market St

(Check if address is changed)

Philadelphia

PA

19103

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

info@joetorsella.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.joetorsella.com

2. DATE

06 / 12 / 2009

3. FEC IDENTIFICATION NUMBER

C C00459016

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

X

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

Mark J Foley

Signature of Treasurer

Electronically Filed by Mark J Foley

Date

06 / 12 / 2009

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 Use Only

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

FEC FORM 1 (Revised 02/2009)

29020214020

5. TYPE OF COMMITTEE (Check One)

Candidate 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.)

Name of Candidate **Joseph M Torsella**

Candidate Party Affiliation **DEM** Office Sought: House Senate President State **PA** District **00**

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action 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
- (f) In addition, this committee is a Lobbyist/Registrant PAC.
 - 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.)

Joint Fundraising 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) 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.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	C <input type="text"/>
2.	<input type="text"/>	FEC ID number	C <input type="text"/>
3.	<input type="text"/>	FEC ID number	C <input type="text"/>
4.	<input type="text"/>	FEC ID number	C <input type="text"/>

29020214021

Write or Type Committee Name

Joe Torsella for Senate

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

Mailing Address

_____ - _____

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 Mark J Foley

Mailing Address c/o Cozen O'Connor, 1900 Market St

Philadelphia PA 19103 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 215 - 665 - 6904

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 Mark J Foley

Mailing Address c/o Cozen O'Connor, 1900 Market St

Philadelphia PA 19103 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 215 - 665 - 6904

29020214022

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number _____ - _____ - _____

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 Bank, Depository, etc.

PNC Bank, NA

Mailing Address

1600 Market St

Philadelphia

PA

19103

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

29020214023

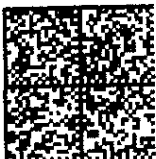
Mark J. Foley

COZEN
O'CONNOR

1900 Market Street
Philadelphia, PA 19103-3308



7001 2510 0004 1339 6053



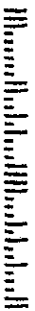
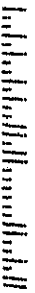
UNITED STATES POSTAGE
\$ 06.15⁰
02 1A
0004613975
JUL 02 2009
MAILED FROM ZIP CODE 19103
PHILLY BOWERS

**SCREENED
BY THE SENATE
POST OFFICE**

Secretary of the Senate
Office of Public Records
P.O. Box 5109
Alexandria, VA 22301-2109

09 JUL -7 PM 1:26
OF THE SENATE

22301+2109 6002



42051202062

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

07-02-09

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

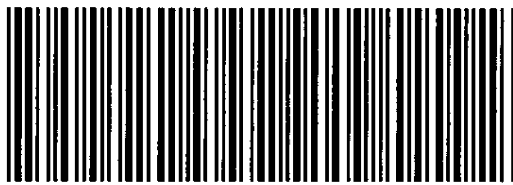
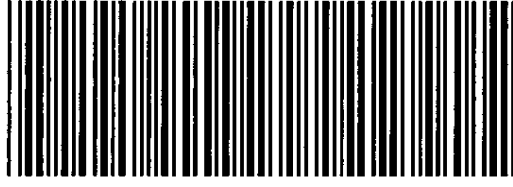
PREPARER

RD

DATE PREPARED

07-07-09

29020214025



29020214026