2018 · 04 · 09 · 08 · 00201058

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

2018 APR -9 AM 9: 28

(Revised 06/2012)

;				fice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
TIM SILFIE	S FOR CONG	R.E.S.S.		
ADDRESS (number and street)	PO BOX 22	2.8.1		
(Check if address is changed)		 		
	LE HIGH VA	LL, E, Y	PA I	8 0 0 Z - [2,2,8,1].
COMMITTEE'S E-MAIL ADDRE	SS ·		JIAIL M	ZII OODE A
(Check if address is changed)	TIMETIMSI	LFFES,COM	<u> </u>	
•	Optional Second E-Mail Ad	ddress LCT	,S, •;C,O;M; ,	
		· I		
COMMITTEE'S WEB PAGE AD (Check if address is changed)		LFIES,COM		
		1111:111	<u> </u>	
2. DATE 0 4 0	2 2018			
: 3. FEC IDENTIFICATION N	имвег ▶ С	and the second s		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		٠
I certify that I have examined the	his Statement and to the bes	t of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasure	Jake To	owne		
Signature of Treasurer	Jake Soune		Date 0.4	02 2018
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		For further information of Federal Election Commiss	ontact:	FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

. F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
TYPE OF COMMITTEE							
Candidate 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 information below.)	e the candidate				
Name of Candidate TIM SILFIES							
Candi Party	idate Affiliati	ion LIBERTAR Office House Senate President	State PA District 07				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	E-anough with and				
Name Candi							
Part	y Con	mmittee:					
(d)			mocratic, ublican, etc.) Party.				
Polit	tical A	Action Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:				
	UNIQUE	Corporation Corporation w/o Capital Stock	abor Organization				
		Membership Organization . Trade Association C	ooperative				
		! 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	draising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political				
	Com	nmittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.	FEC ID number C					

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Write or Type Committee N		Tage 0
Name of Any Connects	d Organization, Affiliated Committee, Joint Fundraising Representati	vo. ar Loodarchin BAC Spansor
Name of Any Connecte	u Organization, Anniated Committee, John Fundraising Representati	ve, or Leadership PAC Sponsor
Mailing Address		
maming riddross		
r raing — ser	CITY	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponso
:		
Custodian of Records:	Identify by name, address (phone number optional) and position of the	e person in possession of committee
books and records.		
Full Name TT	M'SILFES THE	
Mailing Address	POBOX: 22281	
Mailing Address		
	LEHIGH VALLEY	1 1,8,0,0,2,-12,2,8,1
Title or Position	CITY STATE	ZIP CODE
CANDEPAT	E A SS T. TREASURER Telephone number	1_1
	Telephone number	
Treasurer: List the name	and address (phone number optional) of the treasurer of the committee	tee; and the name and address of
any designated agent (e.		
Full Name of Treasurer . DA	KE TOWNE	
Mailing Address	[P.O. BOK, 2,2,2,8,1	
	LEHIGH VALLEY PA	[1,8,0,0,2]- 2,2,8,1
	CITY STATE	ZIP CODE
Title or Position	Q ert Aanterateering een in	1 1 1 1
リルドドハンマルト	Telephone number	- -

CITY

STATE

ZIP CODE

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Full Name of

SETIFIEHEN, PA 18017



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FEDERAL ELECTION COMMISSION 1050 FIRST STREET, N.E. WASHINGTON, DC 20463

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Received from Senate Public Records Office	Date of Receipt			
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PREPARER	4/9/2018 DATE PREPARED			
(3/2015)				