PAGE 1 / 4 STATEMENT OF **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. Friends of Joe Pitts PO BOX 775 ADDRESS (number and street) (Check if address is changed) Unionville 19375 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fojp@comcast.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) joepittsforcongress.com (Check if address is changed) DATE 09 2015 C00310136 FEC IDENTIFICATION NUMBER > 3. X 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. Jerri-Lynn Wier Type or Print Name of Treasurer Jerri-Lynn Wier [Electronically Filed] 03 2015 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

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TYPE OF COMMITTEE					
	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.)				
Name of Candidate	Joseph R. Pitts				
Candidate	Office Sought: X House Senate President	State			
Party Affilia	tion REP Sought: X House Senate President	District 16			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Committee:					
(d)	This committee is a R (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	Action 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.)				
Joint Fundraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
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		- g - -
Friends of Joe I	Pitts	
	organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Mailing Address		
. J		
		-
	CITY STATE 2	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsoi
Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in poss	session of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE Z	ZIP CODE
	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name issistant treasurer).	ne and address of
Full Name Jerri-Lynn of Treasurer	Wier	
Mailing Address	PO Box 775	
	Unionville PA 19375	
Title or Position Asst. Treasurer		95 9108

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Full Name of Designated Agent	of Jerri-Lynn Wier				
Mailing Addr	ress PO Box 775				
		P CODE			
Title or Posit Asst. Treas		5 9108			
safety depos	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.				
	Susquehanna Bank				
Mailing Addr	ress 126 Cypress Street				
	Kennett Sq PA 19375				
	CITY STATE ZII	P CODE			
Name of Ba	nnk, Depository, etc.				
Mailing Addr	ress				
	CITY STATE ZII	P CODE			