

**GEISINGER HEALTH PAC, INC.**

17 N. SECOND STREET, 15<sup>TH</sup> FLOOR  
HARRISBURG, PENNSYLVANIA 17101

RECEIVED  
FED MAIL  
OPERATIONS CENTER

2006 JUL 18 A 8:30

Carol Brayshaw Longwell  
(717) 231-3834

-FACSIMILE: (717) 231-7712  
E-MAIL: clongwell@klettrooney.com

July 12, 2006

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

RE: Geisinger Health PAC, Inc.  
FED I.D. No. C00372243


Dear Sir/Madam:

I am enclosing an original and one copy of FED Form 1, Statement of Organization, for the above-referenced political action committee. The committee is a non-candidate political action committee also registered in Pennsylvania. It is a combined state and federal PAC.

Kindly acknowledge receipt of the enclosed filing by date-stamping the copy of the Statement and return it to me in the stamped, addressed envelope provided for your convenience.

If you have any questions, please call.

Sincerely yours,

  
Carol B. Longwell

CBL:eh

Enclosures

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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER  
2006 JUL 18 A 8:30

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Geisinger Health PAC, Inc.

ADDRESS (number and street)

17 North Second Street

(Check if address  
is changed)

15th Floor

Harrisburg

PA

17101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2. DATE

07 12 2006

3. FEC IDENTIFICATION NUMBER ▶

C00372243

4. 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.

Type or Print Name of Treasurer

Carol B. Longwell

Signature of Treasurer

Date

07 12 2006

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 202-894-1100

FEC FORM 1  
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

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

Name of Candidate \_\_\_\_\_

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

(e)  This committee is a separate segregated fund.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

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6. Name of Any Connected Organization or Affiliated Committee

Geisinger Health System

Mailing Address 100 North Academy Avenue

Danville PA 17822

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

Geisinger Health PAC, Inc.

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 Treasurer

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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 Carol B. Longwell

Mailing Address 17 North Second Street  
15th Floor  
Harrisburg PA 17101

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Attorney Telephone number 717-231-3834

Full Name of Designated Agent N/A

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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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.

Sovereign Bank

Mailing Address

525 Lancaster Avenue

Reading

PA

19612

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/12/06
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*AWF* *7/18/06*  
**PREPARER** **DATE PREPARED**

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