FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction			0 //
1. NAME OF	full)	(Check if name	Example: If typying over the lines	g, type	Office use only 2FE4M5
COMMITTEE (in	iuii)	is changed)	over the lines	12	I LAIVIO
PENNSYLVAN	IA ASSOC OF ST	AFF NURSES AN	ID ALLIED PROFE	SSIONALS I	PASNAP-PAC
	11111		11111		
ADDRESS (number and	street) 1100	E HECTOR STR	EET SUITE 450	шш	
X (Check if addr	ess				
is changed)	CON	SHOHOCKEN		LL L	PA 19428 - 1111
COMMITTEE'S E-MA	I ADDDECC		CITY	STA	ATE▲ ZIP CODE ▲
	ennanurses.org				
	DAGE ADDRESS (III	<u> </u>			
COMMITTEE'S WEB	PAGE ADDRESS (U	⊣L)			1
					<u> </u>
COMMITTEE'S FAX N 6105672915	IUMBER	Т			
2. DATE 0.7	1 / D D / Y	2006			
3. FEC IDENTIFICA	TION NUMBER	(C C00370569		
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have exami	ned this Statement and	to the best of my know	rledge and belief it is true	e, correct and cor	nplete
		Ir. William Cruic	•		
Type or Print Name of	Treasurer	ii. William Gruic	C		
Signature of Treasurer	Electronically Filed	d by Mr. Willian	n Cruice	Date	9 07 13 7 2006
NOTE: Submission of fa			subject the person signi		t to the penalties of 2 U.S.C. S437g.
Office Use Only			I		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 Office House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		Democratic, epublican,etc.) Party.			
	(e) X This committee is a separate segregated fund				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated f committee.	und or party			
ŝ.	Name of Any Connected Organization or Affiliated Committee				
L					
L					
	Mailing Address	.			
	CITY STATE A	ZIP CODE A			
	Relationship				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organiza	tion			
	Membership Organization Trade Association Cooperative				

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Write or Type Committee Name

DENNSVI VANIA	ASSOC OF STAFF NURSES	AND ALLIED PROFESSIONALS	DACNAD DAC
PEININGILVAINIA	ASSUC UF STAFF NURSES	AND ALLIED PROFESSIONALS	PASINAT-FAU

Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name					
Mailing Address					
Title or Position ▼	CITY A	STATE▲	ZIP CODE A		
		elephone number	. – –		
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					
Mailing Address					
Title or Position ♥	CITY A	STATE	ZIP CODE A		
		elephone number	. – –		
Full Name of Designated Agent		elephone number			
Full Name of Designated		elephone number			
Full Name of Designated Agent Mailing Address					
Full Name of Designated Agent	CITY A	elephone number	ZIP CODE A		

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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.				
	PNCBa	ank 			
	Mailing Address				
		Conshohocken PA 19	428		

STATE ∠

ZIP CODE △

CITY 🗷