

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Shelly Chauncey for Congress

ADDRESS (number and street) PO Box 703

(Check if address is changed)

Concordville PA 19331  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) info@thecampaigncompliancefirm.com

Optional Second E-Mail Address  
aubrey@thecampaigncompliancefirm.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) https://www.shellyforcongress.com/

2. DATE 03 / 13 / 2018

3. FEC IDENTIFICATION NUMBER C C00666438

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 Petka, Erin, , ,

Signature of Treasurer Petka, Erin, , , [Electronically Filed] Date 01 / 18 / 2018

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.

5. TYPE OF COMMITTEE

**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 Chauncey, Shelly, Wilson, ,

Candidate Party Affiliation  DEM  REP  IND  LIB  OTH

Office Sought:  House  Senate  President

State  AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NE  NH  NJ  NM  NV  NY  NC  ND  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  01  02  03  04  05  06  07  08  09

- (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
  - 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 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. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Shelly Chauncey for Congress

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

NONE

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 Petka, Erin, , ,

Mailing Address 1 Harvard Dr

Media PA 19063

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 484 574 0201

**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 Petka, Erin, , ,

Mailing Address 1 Harvard Dr

Media PA 19063

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 484 574 0201

Full Name of Designated Agent

[Grid line]

Mailing Address

[Grid line]

[Grid line]

[Grid line]

[Grid line]

[Grid line]

[Grid line]

CITY

STATE

ZIP CODE

Title or Position

[Grid line]

Telephone number

[Grid line]

[Grid line]

[Grid line]

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

[Grid line]

Mailing Address

1823 Wilmington Pike

[Grid line]

[Grid line]

Glen Mills

[Grid line]

PA

[Grid line]

19342

[Grid line]

[Grid line]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid line]

Mailing Address

[Grid line]

[Grid line]

[Grid line]

[Grid line]

[Grid line]

[Grid line]

CITY

STATE

ZIP CODE