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FEC FORM

## STATEMENT OF ORGANIZATION

FORM 1		URGA	ANIZA	ATION		
1. NAME OF COMMITTEE (in	full)	(Check if		Example:If typing, typ	e 12FE4	Office Use Only
surgic	•	Institu	·	F READING	PAC	<u></u>
ADDRESS (number a	ind street)	2757	CENT	ury BLU	<u>D:::</u>	
(Check if address is changed)		IWY O'ML		<u> </u>		19610-13345
		•	C	PITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRE	SS (Please provide	only one e-	mail address)		
(Check if address is changed)		5 BANCO	o@Co	om cast. NE	<u> </u>	
		<u> </u>		<u> </u>	<u> </u>	<del></del>
COMMITTEE'S WEB	PAGE AD	DRESS (URL)				
(Check If is change		<u> </u>	<u>ll</u>			
2. DATE		r	•			
3. FEC IDENTIFIC	CATION N	UMBER	С			
4. IS THIS STATE	MENT	NEW (N)	OR	AMENDED (	(A)	
-		Ster	to the best	of my knowledge and be	elief it is true, co	rrect and complete.
Type or Print Name	$\leq$	Jen 5	2	2	Date (	8/27/9
NOTE: Submission of	telse, erron			may subject the person sig		nt to the penalties of 2 U.S.C. §437g. AYS.
Office Use Only				For further informs Federal Election Co Toll Free 800-424-9	mmission 530	FEC FORM 1 (Revised 02/2009)

FEC FO	m i (Heviseu UZIZUUS)					raye z
	OMMITTEE					
Candidate	e Committee:					
(a)	This committee is a prin	cipal campaign (	committee. (Compl	ete the candidate in	nformation below	v.)
(b)	This committee is an au information below.)	thorized committ	tee, and is NOT a	principal campaign	committee. (Co	mplete the candidate
Name of Candidate	<u></u>			<del></del>	<u></u>	
Candidate	•	Office	Hausa	Canata	Brooklows	State
Party Affiliati	lon	Sought:	House	Senate	President	District
(c)	This committee supports	Jopposes only o	ne candidate, and	is NOT an authoriz	zed committee.	
Name of Candidate						
Party Con	nmittee:		/blotional State			10
(d)	This committee is a		(National, State or subordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Political A	Action Committee (PA	C):				
(e)	This committee is a sep	arate segregated	d fund. (Identify cor	nected organization	on line 6.) Its c	onnected organization is a:
	Corporation		Corpora	tion w/o Capital St	ock	Labor Organization
	Membership Org	ganization	Trade A	ssociation		Cooperative
	In addition	n, this committee	s is a Lobbyist/Regi	strant PAC.		
<b>(f)</b>	This committee supports committee. (i.e., nonconn			candidate, and is N	IOT a separate	segregated fund or party
	In addition, this c	ommittee is a Loi	bbylst/Registrant P	AC.		
	In addition, this c	ommittee is a Lea	adership PAC. (ide	ntify sponsor on line	6.)	
Joint Fund	iralsing Representati	ve:				
(g)	This committee collects c					
(h)	This committee collects of committees/organizations					two or more political
Com	mittees Participating in	Joint Fundrais	ser			
1.				FEC ID no	mber C	
2.				FEC ID no	ımber C	
3.		1 1 1 1 1	11111	FEC ID no	umber C	
					-	
4.			11111	FEC ID nu	imper C	

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Write or Type Committee Nam	ue	
SURGICA	L. Institute of Reading - PAC	2
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
SURGICAL	DISTITUTE OF REadING, LP	<u>:::::::::::::::::::::::::::::::::::::</u>
1: 11111	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	11111111111
Mailing Address	2752 CENTURY BLUD:	<u>:                                    </u>
		<u> </u>
	WYONUSSING !!!!! PA	19610-3345
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundralsing Representative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person	n in possession of committee
Full Name Ste	phen P. Banco, ND	<u> </u>
Mailing Address	2752 CENTURY BLUD	<u></u>
	<u> </u>	<u> </u>
	WYOMISSING. PA	<u>1.966 1.0-13.3 45</u> 1
Title or Position	CITY STATE	ZIP CODE
Treasures	Telephone number	8-1368-1771.7
B. Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name of Treasurer	ohen PBANCO	<u></u>
Mailing Address	2752 CENTURY BLUD	
	1	
	CITY STATE	1.9.61: 0-13.3.4.5 ZIP CODE
Title or Position TI COUSTILL		1-1368-17717

CITY

STATE

ZIP CODE

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Mailing Address

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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next-Business	Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	eceipt or Postmarked			
a	9/14/39			
(3/2005)	DATE PREPARED			