

# 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

Bill Shuster for Congress

ADDRESS (number and street)

PO BOX 27

(Check if address is changed)

Hollidaysburg

CITY ▲

PA

STATE ▲

16648

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

paul@pdscompliance.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY  
02 / 05 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00364935

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 Kilgore, Paul, A, Mr.,

Signature of Treasurer *Kilgore, Paul, A, Mr.,*

*[Electronically Filed]*

Date

MM / DD / YYYY  
10 / 10 / 2016

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.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

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(Revised 06/2012)