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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

PASCUN220 FOR CONGRESS

ADDRESS (number and street) 2138 VERA MILLE ROAD

(Check if address is changed)

ALCANTARA PA 18104-1929

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

PASCUN220COPY@HCO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.PASCUN220.FORCONGRESS.COM

COMMITTEE'S FAX NUMBER

610-391-1210

2. DATE 10 09 2003

3. FEC IDENTIFICATION NUMBER C

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 JOSEPH P. MALON, ESQ.

Signature of Treasurer [Signature] Date 10 09 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2003 OCT 15 A 9 23

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a personal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a personal campaign committee. (Complete the candidate information below.)

Name of Candidate: JOSEPH A. PASCUZZO

Candidate Party Affiliation: REP Office Sought:  House  Senate  President State: PA District: 15

- (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 subcommittee) 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.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation with Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

PASCUZZO FOR CONGRESS

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

See TREASURER

Full Name

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

JOSEPH P. MANER ESQ

Mailing Address

3225 ALTON ST

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

610-391-2224

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the commission deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc

KEYSTONE SAVINGS BANK

Mailing Address

5700 HAMILTON BLVD

~~WESCOVILLE PA~~

WESCOVILLE PA 18106

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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2003 OCT 15 10 15 AM '03  
 FEDERAL ELECTION COMMISSION  
 WASHINGTON DC 20543