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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

PRO-GROWTH ACTION TEAM (P.A.T.-P.A.C.)

ADDRESS (number and street)

R/O 2720 JORDAN ROAD

(Check if address
is changed)

DREDFIELD

PA

18069

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

sdszeptd.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

(610)-439-1500

2. DATE

05/26/2004

3. FEC IDENTIFICATION NUMBER

000326991

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

Jeffrey M. Zimskind

Signature of Treasurer

Date 05/26/2004

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9590
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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 Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (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 subordinate) 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 Corporation w/c Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

PRO-GROWTH ACTION TEAM

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 JEFFREY ZIMSKIND

Mailing Address 12720 JORDAN ROAD

GREFIELD PA 18069

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 610-439-6320

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 JEFFREY ZIMSKIND

Mailing Address 12720 JORDAN ROAD

GREFIELD PA 18069

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 610-497-5063

Full Name of Designated Agent SUSAN ZIMSKIND

Mailing Address 12720 JORDAN ROAD

GREFIELD PA 18069

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 610-439-6370

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 bonds.

Name of Bank, Depository, etc:

WACHOVIA

Mailing Address

197th AND HAMILTON

COLLEGE PARK BRANCH

ALLENTOWN PA 18104

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc:

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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