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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

Friends of Mary Beth Buchanan

ADDRESS (number and street)

3000 Village Run Road

(Check if address
is changed)

Unit 103 Number 217

Wexford

PA

15090

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

info@campaignfinancial.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

02

15

2010

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 Kathleen A. Gallagher

Signature of Treasurer

Date

02 16 2010

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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10030252210

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 Mary Beth Buchanan

Candidate Party Affiliation REP Office Sought: House Senate President State PA District 04

- (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: <input type="checkbox"/> C _____
2.	_____	FEC ID number: <input type="checkbox"/> C _____
3.	_____	FEC ID number: <input type="checkbox"/> C _____
4.	_____	FEC ID number: <input type="checkbox"/> C _____

10030252211

Write or Type Committee Name

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

Campaign Financial Services

Mailing Address

7315 Wisconsin Avenue

Suite 310 East

Bethesda

MD

20814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

301

654

3220

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

Kathleen A. Gallagher

Mailing Address

7315 Wisconsin Avenue

Suite 310 East

Bethesda

MD

20814

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

412

566

6034

10030252212

Full Name of Designated Agent

NONE

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

Wachovia Bank, N.A.

Mailing Address

7901 Wisconsin Avenue

MD1010

Bethesda MD 20814

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030252213

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

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2/15/10
 Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

EW
 PREPARER

2/17/10
 DATE PREPARED

10030252214