

2010 APR 22 PM 12:07

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

SELLERS FOR CONGRESS

ADDRESS (number and street)

(Check if address  
is changed)

61 DEERPATH LANE

GLENMOORE

PA

19343

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

patepatsellers.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

http://www.patsellers.org

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

WILLIAM E. FAUST

Signature of Treasurer



Date

04' 15' 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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2009)

## 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

PATRICK HENRY SELLERS

Candidate  
Party Affiliation

REP

Office  
Sought:☒

House

Senate

President

State

PA

District

06

- (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 C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

647715050001

Write or Type Committee Name

SELLERS FOR CONGRESS

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

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

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

TREASURER

215-735-4632

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

CITY

STATE

ZIP CODE

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.

DNB FIRST

Mailing Address

4 BRANDYWINE AVE

PO BOX 1004

DOWNTOWN

PA

19335-0904

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10050512245

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.

|                                                                                                                                                             |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Hand Delivered                                                                                                                     | Date of Receipt                 |
| <input type="checkbox"/> USPS First Class Mail                                                                                                              | Postmarked                      |
| <input type="checkbox"/> USPS Registered/Certified                                                                                                          | Postmarked (R/C)                |
| <input type="checkbox"/> USPS Priority Mail                                                                                                                 | Postmarked                      |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>                                                                            |                                 |
| <input type="checkbox"/> USPS Express Mail                                                                                                                  | Postmarked                      |
| <input type="checkbox"/> Postmark Illegible                                                                                                                 |                                 |
| <input type="checkbox"/> No Postmark                                                                                                                        |                                 |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i> <span style="float: right;">Shipping Date<br/><i>4/21/10</i></span> |                                 |
| Next Business Day Delivery <input checked="" type="checkbox"/>                                                                                              |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office                                                                                  | Date of Receipt                 |
| <input type="checkbox"/> Received from Senate Public Records Office                                                                                         | Date of Receipt                 |
| <input type="checkbox"/> Received from Electronic Filing Office                                                                                             | Date of Receipt                 |
| <input type="checkbox"/> Other (Specify):                                                                                                                   | Date of Receipt or Postmarked   |
| <br>PREPARER                                                             | <i>4/22/10</i><br>DATE PREPARED |

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