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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.

12 FEB 25 5  
FEDERAL ELECTION COMMISSION

PENNSYLVANIA HOMECARE ASSOCIATION POLITICAL  
ACTION COMMITTEE

ADDRESS (number and street)

120 ERFORD ROAD SUITE 115



(Check if address  
is changed)

LEMOYNE PA 17043-1163

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

717-1975-19456

2. DATE

03 02 2004

3. FEC IDENTIFICATION NUMBER ▶

000344726

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 Susan S. Gerhart

Signature of Treasurer Susan S. Gerhart Date 03 02 2004

NOTE: Submission of false, erroneous, or multiple 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				
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For further information contact  
Federal Election Commission  
Toll Free 800-424-9630  
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  (Regional, 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

PENNSYLVANIA HOME CARE ASSOCIATION

Mailing Address

20 BERFORD ROAD, SUITE 115

LEMOYNE PA 17043-1163

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

Pennsylvania Homecare Association Political Action Committee

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 STEVEN R. NEIDLINGER

Mailing Address 120 ERFORD ROAD, SUITE 115  
LEMOYNE PA 17043-1169

Title or Position GR. DIRECTOR CITY STATE ZIP CODE

Telephone number 717-1975-1949

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 SUSAN GERHART

Mailing Address 120 ERFORD ROAD, SUITE 115  
LEMOYNE PA 17043-1169

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number

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 committee deposits funds, trust accounts, various safety deposit boxes or maintains funds.  
Name of Bank, Depository, etc.

FULTON BANK

Mailing Address

1599 N 12TH STREET

LEMOYNE PA 17043-1239

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 FEC added this page to the end of this filing to indicate how it was received.

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<i>all</i> PREPARER	3/19/04 DATE PREPARED