

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Bill Shuster for Congress

ADDRESS (number and street)

PO Box 27

X Check if different than previously reported. (ACC)

Hollidaysburg

PA

16848

2. FEC IDENTIFICATION NUMBER

C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

PA 09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quaterly Report (Q1)

July 15 Quaterly Report (Q2)

October 15 Quaterly Report (Q3)

X January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

Convention (12C)

Election on

(c) 30-Day POST-Election Report for the:

General (30G)

Election on

General (12G)

Special (12S)

Runoff (30R)

Runoff (12R)

in the State of

in the State of

5. Covering Period 07 01 2001 through 12 31 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Frederick A Ciocca

Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 01 30 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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