		RECEIVED FEC MAIL CENTER
		2009 SEP 18 PH 4: 39
FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
CONNOLLY F	OR CONGRESS	
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ADDRESS (number and street)	P. O. BOX 12565	
(Check if address is changed)	Pirtitisibiu rigih	<u>PA</u> <u>152:41</u> -
		STATE ZIP CODE
		STATE ZIP CODE
	SS (Please provide only one e-mail address)	<u> </u>
(Check if address is changed)		
Committee's web page ad	DRESS (URL)	
(Check if address is changed)		
2. DATE	D / Y Y Y	
3. FEC IDENTIFICATION N	UMBER C	
4. IS THIS STATEMENT	$\zeta$ NEW (N) OR AMENDED (A)	
I certify that I have examined t	his Statement and to the best of my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Treasure	KAREN A. SHASTEL	
Signature of Treasurer	Ka alkt	Date 9/18/69
NOTE: Submission of false, error	eous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 02/200	)9)
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5.	TYPE OF (	OMMITTEE											
	Candidat	e Committee:											
	(a) X	This committee is a principal c	ampaign committee. (Com	plete the candidate info	rmation below.	)							
	(b)	This committee is an authorize information below.)	d committee, and is NOT	a principal campaign co	ommittee. (Com	plete the candidate							
	Name of Candidate	DANIELC	CONNO LL Y	L_J_1	- <u></u>								
	Candidate Party Affiliat	ion DEM Office Sou		Senate	President	State PA District IS							
	(c)	This committee supports/oppos	es only one candidate, an	d is NOT an authorized	committee.	.0							
	Name of Candidate												
	Party Co	nmittee:		•									
	(d)	This committee is a	(National, State or subordinate)	committee of the		(Democratic, Republican, etc.) Party.							
	Political A	Action Committee (PAC):											
	(e)	This committee is a separate s	egregated fund. (Identify c	onnected organization or	n line 6.) Its cor	nnected organization is a:							
		Corporation	Corpo	Corporation w/o Capital Stock									
		Membership Organizat	on Trade	Association		Cooperative							
		In addition, this	committee is a Lobbyist/Re	gistrant PAC.									
	(f)	This committee supports/oppos committee. (i.e., nonconnected of		candidate, and is NOT	a separate se	egregated fund or party							
		In addition, this committe	ee is a Lobbyist/Registrant	PAC.									
		In addition, this committe	ee is a Leadership PAC. (Id	entify sponsor on line 6.)	)								
	Joint Fund	Iraising Representative:											
	(g)	This committee collects contribu committees/organizations, at lea				vo or more political							
	(h)	This committee collects contribut committees/organizations, none				vo or more political							
	Con	mittees Participating in Joint	Fundraiser										
	1.			FEC ID numb	ber C								
	2.				oer C								
	3.				oer C								
	4.			FEC ID numb	er C								

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Write or Type Committee Name

6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
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L		
	Mailing Address	
		CITY STATE ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
	<u>_</u>	
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in possession of committee
	Full Name	EN ANDREA SHASTRE
	Mailing Address	121164 TRUNX TION DRILLIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
		PIZITITISIBULGUH
	Title or Position	CITY STATE ZIP CODE
	TLEASMLER	Telephone number 412-851-9282
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name of Treasurer	N. ANDREA SHASTRI
	Mailing Address	$\frac{\partial \mathcal{L}_{i}}{\partial \mathcal{H}_{i}} \frac{\mathcal{L}_{i}}{\mathcal{L}_{i}} \frac{\mathcal{L}_{i}} \frac{\mathcal{L}_{i}}{\mathcal{L}} \frac{\mathcal{L}_{i}}{\mathcal{L}} \frac{\mathcal{L}_{i}} $
		CITY STATE ZIP CODE
I	Title or Position	Telephone number $[4_{i}/2] - [85] - [9.2.82]$
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Full Name of Designated Agent	 [	·						<u> </u>	1					1	.!	 		ļ		i					  	!					!			
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Title or Position																																		
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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.
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Name of Bank, Depo	ository, et	C.										_											_	<u> </u>
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature Co	nfirmation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	······
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
-Next-Busi	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	of Receipt or Postmarked
Inp	9/21/05
(3/2005)	DATE PREPARED

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