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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

Avillo for Congress

ADDRESS (number and street)

P.O. Box 1744

☐

(Check if address
is changed)

York

PA

17405-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

klein@avillloforcongresss.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.avillloforcongresss.com

COMMITTEE'S FAX NUMBER

-

2. DATE

11

18

2005

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 Kenneth Scalet

Signature of Treasurer

Kenneth Scalet

Date

11

18

2005

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 02/2003)

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

Philip J. Avilio, Jr.

Candidate Party Affiliation

Dem

Office Sought:

☒

House

☐

Senate

☐

President

State

PA

District

19

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) ☐ This committee is a (National, State or subordinate) 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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

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 Kenneth ScaletMailing Address 1546 Hollywood ParkwayYork PA 17403

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TreasurerTelephone number 717 - 843 - 6913

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 Kenneth ScaletMailing Address 1546 Hollywood ParkwayYork PA 17403

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TreasurerTelephone number 717 - 843 - 6913

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, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank, N.A.

Mailing Address

Tyler Run

2099 S. Queen Street

York PA 17403

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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 PREPARER	11/22/05 DATE PREPARED
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