

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

11 NOV 30 PM 2:43

Office Use Only

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

12FE4M5

JOHN VERNON FOR US SENATE

ADDRESS (number and street) (Check if address
is changed)

P O B O X 23

MANSFIELD

PA

16933-0023

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

JV@JOHNVERNON2012.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

11 / 15 / 2011

3. FEC IDENTIFICATION NUMBER

C00498774

4. IS THIS STATEMENT

NEW (N)

OR

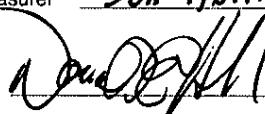
AMENDED (A)

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

DON HOFFMAN

Signature of Treasurer



Date

11 / 15 / 2011

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 02/2009)

1102047339

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

JOHN D. VERNON

Candidate Party Affiliation

REP

Office Sought:

 House Senate President

State

PA

District

(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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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

Write or Type Committee Name

JOHN VERNON FOR U.S. SENATE

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

None

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

DON HOFFMAN

Mailing Address

P O Box 23MANSFIELDPA16933-0023

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

607-742-3630

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 TreasurerDON HOFFMAN

Mailing Address

P O Box 23MANSFIELDPA16933-0023

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

607-742-3630

Full Name of
Designated
Agent

DONALD R. YOST JR.

Mailing Address

P.O. BOX 23

MANSFIELD

CITY

PA

16933-0023

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

814-435-6415

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.

FIRST CITIZENS NATIONAL BANK

Mailing Address

MANSFIELD OFFICE

15 SOUTH MAIN ST

MANSFIELD

CITY

PA

16933-

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

EXPRESS
MAIL
POSTAL SERVICE

Mailing Envelope
For Domestic and International Use



U.S. POSTAGE
PAID
MANSTED, PA
NOV 16 2003
AMOUNT 11
\$16.15
00098446-07

Y U R G E N T Please Rush To Addressee

Screened by 23
Senate Post Office

NOV 28 2004

sps.com

SENATE
MAILING NUMBER
66-04-12-12
TRACKING NUMBER



EXPRESS
MAIL

UNITED STATES POSTAL SERVICE

Post Office To Addressee

Mailing Label
Label 11B, March 2004

DELIVERY (POSTAL USE ONLY)

Delivery Attempt
Mo. Day Time
Employee Signature

Delivery Attempt
Mo. Day Time
Employee Signature

Delivery Date
Mo. Day Time
Employee Signature

Delivery Date
Mo. Day Time
Employee Signature

INSTAL SERVICE USE ONLY

Day of Delivery	Postage	\$ 16.15
<input type="checkbox"/> Next	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd Del. Day
Scheduled Date of Delivery	Return Receipt Fee	\$
Month	Day	
Scheduled Time of Delivery	COD Fee	Insurance Fee
<input type="checkbox"/> AM	<input type="checkbox"/> 3 PM	\$
<input checked="" type="checkbox"/> PM	<input type="checkbox"/> 2nd Day	\$ 16.15
Weight	3rd Day	
Int'l Alpha Country Code	Acceptance Fee	\$
025	25	

DELIVERY (CUSTOMER USE ONLY)

Day of Delivery	Postage	\$ 16.15
<input type="checkbox"/> Next	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd Del. Day
Scheduled Date of Delivery	Return Receipt Fee	\$
Month	Day	
Scheduled Time of Delivery	COD Fee	Insurance Fee
<input type="checkbox"/> AM	<input type="checkbox"/> 3 PM	\$
<input checked="" type="checkbox"/> PM	<input type="checkbox"/> 2nd Day	\$ 16.15
Weight	3rd Day	
Int'l Alpha Country Code	Acceptance Fee	\$
025	25	

NO DELIVERY
 Weekend Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE /

PHONE /

PHONE 1 570 549-2636

Vernon For U.S. Senate

Box 23

Field, PA 16933-0023

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building

When used internationally
affix customs declarations
(PS Form 2976, or 2976A).

11020473403

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

USPS FIRST CLASS MAIL _____ **Postmark**

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 11-25-11
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

1

UPS

1

DHL

1

AIRBORNE EXPRESS

1

RECEIVED FROM FEDERAL ELECTION COMMISSION

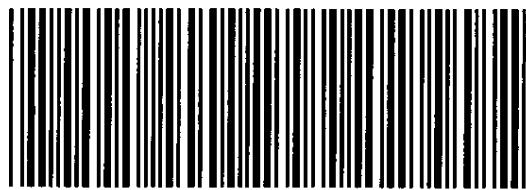
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____ Date of Receipt _____

OTHER _____ Date of Receipt or Postmark _____

PREPARER R D DATE PREPARED 11-30-11



11020473405

