

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)

P.O. BOX 23

☐

(Check if address
is changed)

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

Don Hoffman

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)

11020473399

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:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ 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.	<u></u>	FEC ID number	<u>C</u>
2.	<u></u>	FEC ID number	<u>C</u>
3.	<u></u>	FEC ID number	<u>C</u>
4.	<u></u>	FEC ID number	<u>C</u>

11020473400

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 23

MANSFIELD

PA

16933-0023

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 Treasurer

DON HOFFMAN

Mailing Address

P.O. BOX 23

MANSFIELD

PA

16933-0023

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 607-742-3630

11020473401

Full Name of
Designated
Agent

DONALD R YOST JR

Mailing Address

P.O. BOX 23

MANSFIELD

CITY

PA

STATE

16933-0023

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

STATE

16933-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11020473402

EXPRESS MAIL

POSTAL SERVICE

Mailing Envelope

For Domestic and International Use



U.S. POSTAGE
PAID
MANASSAS, VA
NOV 23 11
PMOUNT
UNITED STATES
POSTAL SERVICE

1007

\$16.15

00098446-07

VERY URGENT

Please Rush To Addressee

Screened by 23
Senate Post Office

NOV 28 2004

sps.com



EI 063842957 US



EXPRESS MAIL

Mailing Label
Label 1-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

POSTAL SERVICE USE ONLY

33	Day of Delivery	Postage
<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day		\$ 16.15
Scheduled Date of Delivery	Return Receipt Fee	
Month 11		\$
Year 28		
Scheduled Time of Delivery	COD Fee	Insurance Fee
<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	\$
Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees	
Weight 2	\$ 16.15	
Int'l Alpha Country Code	Acceptance Fee	
023	\$ 1.00	

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT

Express Mail Corporate Acct. No. _____

☐ WAIVER OF SIGNATURE (Domestic Mail Only)
When delivery is made without signature, the carrier's receipt is valid if the addressee or addressee's agent (if delivery employee) affixes that article can be left in secure location) and the addressee's signature constitutes valid proof of delivery.

☐ NO DELIVERY

Weekend ☐ Holiday ☐ Mailer Signature _____

TO: (PLEASE PRINT) PHONE () _____

NE PRINT PHONE 570 549-2634
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).

30054702011

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

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	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

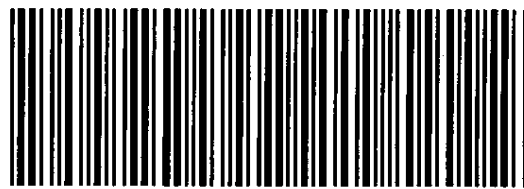
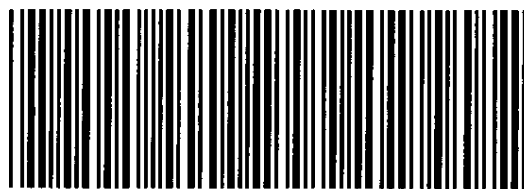
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 11-30-11

11020473404



11020473405