Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. John George for Congress PO Box 72242 ADDRESS (number and street) (Check if address is changed) Thorndale 19372 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS john@johngeorgeforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.johngeorgeforcongress.com (Check if address is changed) DATE 2017 C00648436 FEC IDENTIFICATION NUMBER > 3. 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. Damiani, Mary, , , Type or Print Name of Treasurer Damiani, Mary, , , [Electronically Filed] 06 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

		4 (7)	5. 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Name Cand	e of lidate	George, John, , ,	
	lidate ⁄ Affiliati	on DEM Office Sought: * House Senate President	State PA District 16
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	(D. 1)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Wo 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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		<u> </u>
John George fo	r Congress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
ů		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: Iden books and records.</li> </ul>	tify by name, address (phone number optional) and position of the person in	possession of committee
Damiani, N	lary, , ,	
Full Name	22 Audley Lynn Drive	
Mailing Address		
	West Brandywine PA 193:	20
Title or Position	CITY STATE	ZIP CODE
	Telephone number 484	- 904 - 5124
. <b>Treasurer:</b> List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Damiani, M	ary, , ,	
Mailing Address	22 Audley Lynn Drive	
	West Brandywine PA 1932	20
	CITY STATE	ZIP CODE
Title or Position		

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit	itory, etc.	noids decounts, rents
safety deposit boxes or Name of Bank, Deposit	or maintains funds. itory, etc.	Tiolds accounts, refits
safety deposit boxes or Name of Bank, Deposit	or maintains funds. itory, etc.	
safety deposit boxes or Name of Bank, Deposit	ar maintains funds.  itory, etc.  30 North Bailey Road	
safety deposit boxes or Name of Bank, Deposit PN	Thorndale  CITY  STATE	372
safety deposit boxes or Name of Bank, Deposit PN	Thorndale  CITY  STATE	372
safety deposit boxes or Name of Bank, Deposit	Thorndale  CITY  STATE	372
safety deposit boxes or Name of Bank, Deposit PN	Thorndale  CITY  STATE	372
safety deposit boxes or Name of Bank, Deposit    PN    Mailing Address    Name of Bank, Deposit	Thorndale  CITY  STATE	372
safety deposit boxes or Name of Bank, Deposit    PN    Mailing Address    Name of Bank, Deposit	Thorndale  CITY  STATE	372