FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. McGuigan for Pennsylvania 103 Bennington Road ADDRESS (number and street) (Check if address is changed) Phoenixville 19460 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS john.d.mcguigan@gmail.com (Check if address is changed) Optional Second E-Mail Address ijmcg@mcguiganforpa.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2020 C00740563 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. McGuigan, John, David, , McGuigan Type or Print Name of Treasurer McGuigan, John, David, , McGuigan [Electronically Filed] 02 2020 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 Only

Local 202-694-1100

FEC Form	m 1 (Revised 02/2009)	Page 2
TYPE OF CO		
	Committee:	
(a) x	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. (Cominformation below.)	plete the candidate
Name of Candidate	McGuigan, John, David, ,	
Candidate	n DEM Office Sought: House X Senate President	State
Party Affiliation	n DEM Sought: House X Senate President	District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	· · · ·	(Democratic, Republican, etc.) Party.
Political Ac	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fundr	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Comn	nittees 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		. 430
McGuigan for P		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lo	eadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
McGuigan	, John, David, , McGuigan	1
	103 Bennington Road	
Mailing Address		
	Phoenixville PA 19460	
Title or Position	CITY STATE	ZIP CODE
	Telephone number 215 –	767
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name McGuigan, of Treasurer	, John, David, , McGuigan	
Mailing Address	103 Bennington Road	
	Phoenixville PA 19460	
Title or Position	CITY STATE	ZIP CODE
Title OF FOSILION		767 - 1454

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
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safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.	
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