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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		RGANIZA		I								
		(See instructions	s)					Offic	e use only	,		
NAME OF COMMITTEE (i	n full)	(Check if name is changed)		ole: If typying, typ le lines	е	12FE	4M5		ı			
Sestak for C	ongress					1 1			1 1 1			
					ш	ш	ш	ш	ш		ш	Ш
ADDRESS (number an	d street)	Box 16					Щ		ш		ш	
(Check if addre	Medi	a 1				L PA]	L	1906	3	<u> </u>	ш Ш
		(CITY			STATE	•		ZIP	CODE	_	
COMMITTEE'S E-M	AIL ADDRESS (Please	provide only one e-m	ail addres	s)								
(Check if addre	info(gsestakforcongre	ess.com	<u> </u>								لــــا
is changed)			111		11	11		1 1		1.1		
(Check if address is changed) 2. DATE M 0	M / D D / Y	Y Y Y Y Y 2 0 0 9	1 1 1		1 1	1 1	<u> </u>	 		11		
3. FEC IDENTIFIC	CATION NUMBER	C	C004	19291								
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDED (A)							
I certify that I have exa	mined this Statement and	to the best of my know	ledge and	belief it is true, cor	rect and	l comple	te					
Type or Print Name of	of Treasurer	∥argaret M. Infan	tino									
Signature of Treasur	er Electronically File	d by Margaret M	l. Infanti	no	_ !	Date	0 4	M /	D 2 2	/ Y	ý 20	°0 9
NOTE: Submission of	false, erroneous, or incon	nplete information may :							f 2 U.S.C	. S437 <u>(</u>	g.	
Office Use Only			F	or further inform ederal Election Co oll Free 800-424-9 ocal 202-694-110	ommissi 9530			ı	FEC I	FORI d 02/20		

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	OMMITTEE (Check One) Committee:							
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)								
Name of Candidate	Joseph A. Sestak, Jr							
Candidate Party Affiliat	ion DEM Office X House Senate President	State PA District 07						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate								
Party Com	nittee:							
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
Political Ac	Political Action Committee (PAC):							
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:						
	Corporation Corporation w/o Capital Stock	abor 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.)							
Latert Francis	ш							
	aising 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.	or more political						
(h)	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.	or more political						
Con	nmittees Participating in Joint Fundraiser							
	1. FEC ID number							
	2. FEC ID number C							
	3. FEC ID number							
	4. FEC ID number							

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W	rite or Type Committee Name				
	Sestak for Congress				
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Repres	sentative, or Leade	rship PAC Sponsor
Ш					
		<u> </u>	<u> </u>	<u> </u>	
	Mailing Address				
		CITY▲		STATE A	ZIP CODE 🛦
	Relationship:				
	Connected Organization	Affiliated Committee	Joint Fundraising R	epresentative	Leadership PAC Sponsor
7.	possession of Committee	entify by name, address, (phon books and records. Tet M. Infantino P.O. Box 16	e number optional), a	and position of the	e person in
		Media		PA_	19063
	Title or Position ▼ Treasurer	CITY A	Telephone n	STATE A	ZIP CODE A - 891 - 8956
8.	name and address of any	and address (phone number designated agent (e.g., assist		rer of the commit	tee; and the
	Full Name of Treasurer Marga	ret M. Infantino			
	Mailing Address	P.O. Box 16			
		Media		PA	19063
	Title or Position ♥	CITY A		STATE	ZIP CODE A
	Treasurer		Telephone n	number 610	891 8956

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Teleph	one number	
9. Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository	naintains funds.	mmittee deposits funds, ho	lds accounts, rents
	achovia Bank		
Mailing Address	217 West Baltimore Avenue		
	Media	PA L	19063
	CITY 🗖	STATE △	ZIP CODE 🛕
Name of Bank, Depository	y, etc.		
M	&T Bank		
Mailing Address	P.O. Box 9		
	Cooncordville	PA	19331
	CITY 🙇	STATE ⊿	ZIP CODE 🛕