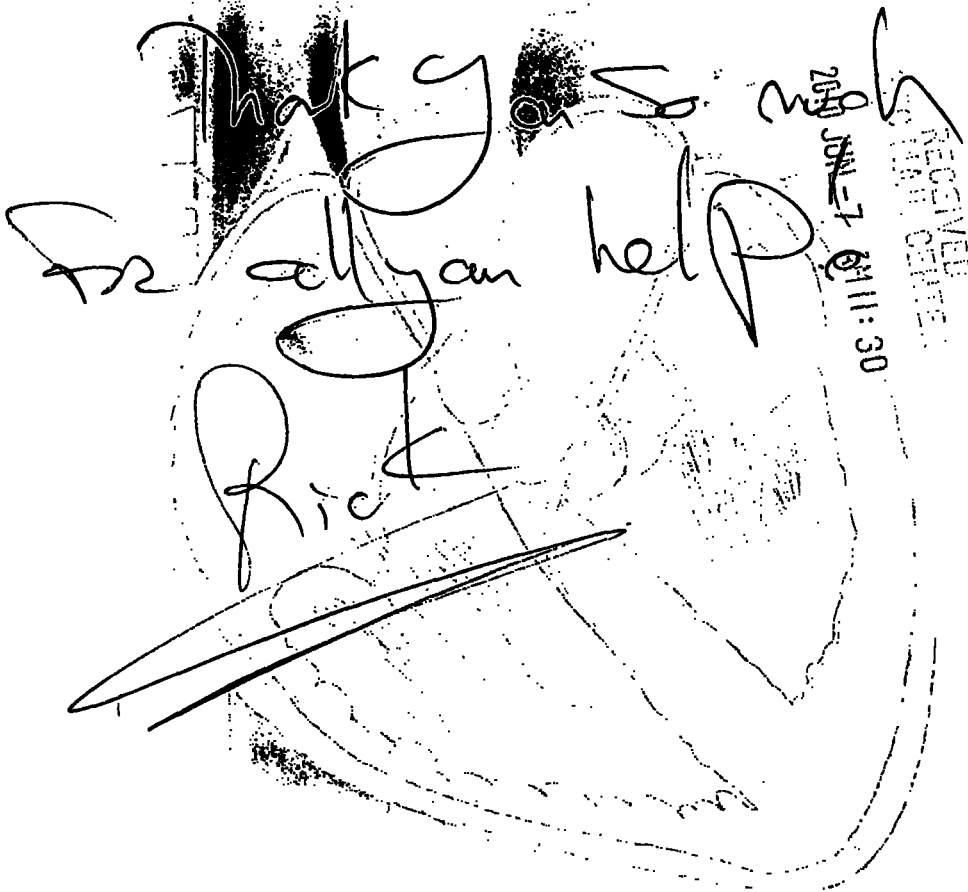


On-X<sup>®</sup> Aortic Valve  
with Conform-X<sup>®</sup> Cuff



On-X<sup>®</sup> Mitral Valve  
with Conform-X<sup>®</sup> Cuff

Rebecca,



**On-X** life technologies, inc.<sup>™</sup> | designed for life

On-X Life Technologies, Inc.<sup>™</sup>  
8200 Cameron Road, Suite A-196 Austin, Texas 78754 — (888) 339-8000 — onxlti@onxlti.com

CAUTION: Federal law restricts this device to sale by or on the order of a physician. Refer to the instructions for use that accompany each valve for indications, contraindications, warnings, precautions and possible complications

The heart illustration is reproduced with special permission from the artist, Vincent Perez, and BarCharts, Inc., Quick Study, The Heart, Interior Heart © 2001

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2010 JUN -7 AM 11:30

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Cardarelli For Congress

ADDRESS (number and street)

Po Box 1305

(Check if address  
is changed)

Brooklandville

Md

21022-1305

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

policej@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.cardarelliforcongress.com

2. DATE

06

01

2010

3. FEC IDENTIFICATION NUMBER

C00480194

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

Richard John Police

Signature of Treasurer

Richard J. Police

Date

06

01

2010

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)

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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 Marcelo Gabriel Cardarelli

Candidate Party Affiliation Rep Office Sought:  House  Senate  President State MD District 02

- (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.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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 Richard John Police

Mailing Address 4219 Palomino Ct.

Middletown MD 21769

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 301-371-0374

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 Richard John Police

Mailing Address 4219 Palomino Ct.

Middletown MD 21769

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 301-371-0374

10030343461

Full Name of Designated Agent

Chris Stott

Mailing Address

Po Box 1305

Brooklandville

CITY

MD

STATE

21022-1305

ZIP CODE

Title or Position

Campaign Manager

Telephone number

410-474-9178

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.

PNC Bank

Mailing Address

426 West Baltimore St.

Baltimore

CITY

MD

STATE

21201

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030343462

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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Delivery Confirmation™ or Signature Confirmation™ Label	<input checked="" type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

6/7/10  
 DATE PREPARED

10030343463