Image# 28992	378459
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FEC FORM 1		STATEME ORGANIZ (See instruct	ATION	Offic	e use only		
1. NAME OF COMMITTEE (in t	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5			
Manion For Congress							
ADDRESS (number and s	street)) Box 28					
X (Check if address is changed)		ylestown			18901 0028 _		
			CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAI							
COMMITTEE'S WEB		(URL)					
COMMITTEE'S FAX N 3016543222	IUMBER						
2. DATE 10		^Y ^Y ^Y ^Y ^Y ^Y ^Y					
3. FEC IDENTIFICA	TION NUMBER		C C00443333				
4. IS THIS STATEM	IENT N	EW (N) OR	X AMENDED (A)	_			
I certify that I have exami	ned this Statement	and to the best of my ki	nowledge and belief it is true, correct ar	nd complete			
Type or Print Name of		Richard A. Dur					
Signature of Treasurer	Electronically	Filed by Richard	A. Durso	Date 1 0	D D / Y Y Y Y 09 / 2008		
NOTE: Submission of fal			nay subject the person signing this Stat ATION SHOULD BE REPORTED ¹		f 2 U.S.C. S437g.		
Office			For further information	contact:			

Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)
Only			Toll Free 800-424-9530 Local 202-694-1100	(Revised 12/2007)

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FEC	Form 1 (Revised 12/2007)	Page 2
	COMMITTEE (Check One) 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. (Complet information below.)	e the candidate
Name of Candidate		
Candidate Party Affilia	tion REP Office X House Senate President	State PA District 08
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:	
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ated fund or party
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	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.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Cor	nmittees Participating in Joint Fundraiser	
	1 FEC ID number C	
	2 FEC ID number	
	3 FEC ID number	
	4. FEC ID number	0 0 0 0 0

С

FEC ID number

5.

FEC Form 1	(Revised 12/2007)	

Write or Type Committee Name

Manion For Congress

6.	Name of Any Connected Org	anization, Affiliated Committee, Leade	ership PAC Sponsor or Joint Fundrai	sing Representative		
				<u> </u>		
	Mailing Address	L .				
		<u> </u>				
		<u> </u>				
		CITY	STATE 🛦	ZIP CODE		
	Relationship: Connected Organization	Affiliated Committee	Leadership PAC Sponsor	t Fundraising Representative		
7.	possession of Committee	ntify by name, address, (phone nur pooks and records. gn Financial S ervices	mber optional), and position of t	he person in		
	Mailing Address	7315 Wisconsin Avenue				
	-	Suite 310 East				
		Bethesda	MD	20814 _ 3202		
	Title or Position ♥	CITY A	STATE			
	Custodian	of Records	Telephone number301	6543220		
8.	name and address of any	and address (phone number optic designated agent (e.g., assistant tr I A. Durso		ittee; and the		
	Mailing Address	PO Box 28				
		Doylestown	PA	18901 – 0028		
	Title or Position ♥	CITY A	STATE			
	Treasurer		Telephone number			

Mailing Address	/achovia Bank, N.A. 7901 Wisconsin Avenue Bethesda CITY ▲		
Mailing Address	/achovia Bank, N.A. 7901 Wisconsin Avenue 		
Mailing Address	/achovia Bank, N.A. 7901 Wisconsin Avenue 		
Mailing Address	/achovia Bank, N.A. 7901 Wisconsin Avenue 		
Mailing Address	/achovia Bank, N.A. 7901 Wisconsin Avenue 		
W	/achovia Bank, N.A. 7901 Wisconsin Avenue		
W	Vachovia Bank, N.A. 7901 Wisconsin Avenue		
W	/achovia Bank, N.A.		
W	/achovia Bank, N.A.		
	/achovia Bank, N.A.		
Name of Bank, Deposito	· ; , oto.		
	rv etc		
Banks or Other Deposi safety deposit boxes or n	itories: List all banks or other depositories in which th naintains funds.	e committee deposits funds, ho	olds accounts, rents
	T(elephone number	
Title or Position ▼			
Mailing Address			
Agent			
Full Name of Designated Agent			

FEC Form 1 (Revised 12/2007)

Banks or Other Depositories:	List all banks or other depositories in which the committee deposits funds, holds accounts, rents
safety deposit boxes or maintains	unds.

Name of Bank, Depository, etc.			[ADDITIONAL]
First Tr	∕ust Bank		
Mailing Address	288 South Main Street		
	Doylestown	PA	18901
		STATE	ZIP CODE 🔺
Name of Any Connected Org	anization, Affiliated Committee, Leadership PAC Sponsor	or Joint Fundrai	[ADDITIONAL] sing Representative
Mailing Address			
Relationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	Affiliated Committee	Joint Fu	ndraising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE	
	Telephone	number	
Joint Fundraiser Participant	· · · ·		[ADDITIONAL]
I	FEC I	D number C	

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.
[ADDITIONAL]

Name of Bank, Depository,	etc.		
PNC	Bank		
Mailing Address	7235 Wisconsin Avenue		
	∣ Bethesda	MD	20814
		STATE ⊿	ZIP CODE 🔺
Name of Any Connected	Organization, Affiliated Committee, Leadership PAC Sp	oonsor or Joint Fundraisi	[ADDITIONAL] ng Representative
Mailing Address			
	1		
			• •
elationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC S	ponsor Joint Fund	raising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Maining Address			
Title or Position ▼		STATE	
		••••• • •	
	Tele	phone number	
			[ADDITIONAL]
Joint Fundraiser Participa	ant		
		FEC ID number C	