

RECEIVED
FEC MAIL CENTER

2009 MAY 26 A 9 09

**Schroder 2010
P O Box 264
Exton, PA 19341**

May 15, 2009

Federal Election Commission
999 E. Street NW
Washington, DC 20463

Dear Sir or Madam,

Enclosed please find FEC Form 1 for Schroder 2010. If you require any further information, please contact us at the above address. In addition, we would like to enroll in the program that will let us use the FEC campaign reporting program to allow us to electronically submit the FEC Form 3. Please set us up with a password and any other information that we will require to use this program.

Thank you.

Very truly yours,


Mark S. Toolan

29030092487

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

2009 MAY 26 A 9:09

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

SCHRODER 2010

ADDRESS (number and street)

PO BOX 264

(Check if address is changed)

EXTON

PA

19341

CITY

STATE

ZIP CODE

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

(Check if address is changed)

mtoolan@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

05 / 15 / 2009

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT (X) 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

MARK S TOOLAN

Signature of Treasurer

[Handwritten Signature]

Date

05 / 15 / 2009

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 CURT SCHRODER

Candidate Party Affiliation REP Office Sought: House Senate President State PA District 06

- (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

SCHRADER 2010

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

NONE

Mailing Address

Grid for mailing address with fields for CITY, STATE, and 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

MARK S TOOLAN

Mailing Address

Grid for mailing address: 300 N POTTS TOWN PIKE SUITE 140, EXT N, PA 19341

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

610-594-0333

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

MARK S TOOLAN

Mailing Address

Grid for mailing address: 300 N POTTS TOWN PIKE SUITE 140, EXT N, PA 19341

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

610-594-0333

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Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

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.

PENN LIBERTY BANK

Mailing Address

PO BOX 917

SOUTHEASTERN

PA

19399-0917

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030092491

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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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jac H</i> PREPARER	5/26/09 DATE PREPARED

(3/2005)

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