

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2007 JUN 13 AM 8:46

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

SLATER FOR CONGRESS

~~SLATER FOR CONGRESS~~

ADDRESS (number and street)

PO BOX 3211

(Check if address
is changed)

WEST CHESTER

PA

19381

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CONTACT@SLATERFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SLATERFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

320-311-6883

2. DATE

06 06 2007

3. FEC IDENTIFICATION NUMBER ▶

C

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

SUSAN QUIGLEY

Signature of Treasurer

Date

06 06 2007

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 BRUCE SLATER

Candidate Party Affiliation DEM Office Sought: House Senate President State PA District 16

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

27039452490

Write or Type Committee Name

SLATER FOR CONGRESS

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 SUSAN QUIGLEY

Mailing Address 81 GREENLAWN RD

COCHRANVILLE PA 19330

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 610-869-8323

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 SUSAN QUIGLEY

Mailing Address ~~SUN COCHRANVILLE~~

SAME AS ABOVE

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent NONE

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

27039452491

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.

WACHOVIA BANK

Mailing Address

17 N. HIGH ST

WESTCHESTER

PA

19380

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039452492

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 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

	6/13/07
PREPARER	DATE PREPARED

27039452493