

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

SECRETARY OF THE SENATE

07 FEB -5 AM 11:30

Office Use Only

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

12 FEB 4MS

PENNACCHIO FOR PENNSYLVANIA

ADDRESS (number and street)

6155 MULBERRY COURT

(Check if address is changed)

PIPERSVILLE

PA

18947-11035

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PENNACCHIO4PA@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

-

2. DATE

01 31 2007

3. FEC IDENTIFICATION NUMBER ▶

C00404707

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

GAURANG BHATT

Signature of Treasurer

*Gaurang Bhatt*

Date

01 30 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalty 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)

FESM012.PDF

27020052506

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 CHARLES F. PENNACCHIO

Candidate Party Affiliation DEM. Office Sought  House  Senate  President State PA District 00

- (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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

27020052507

Write or Type Committee Name

PENNACCHIO FOR PENNSYLVANIA

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 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_

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 GAURANG BHATTI \_\_\_\_\_

Mailing Address 4301, MICHENER ROAD \_\_\_\_\_  
 \_\_\_\_\_  
 DOYLESTOWN PA 18901 \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER \_\_\_\_\_ Telephone number \_\_\_\_\_

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_

27020052508

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.

COMMERCE BANK

Mailing Address

577 NORTH MAIN STREET

DOYLESTOWN PA 18901-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27020052509

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From **GAURANG BHATT**  
4301 MICHELER ROAD  
DOYLESTOWN PA 18901

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07 FEB -5 AM 11:31

# United States Senate

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PREPARER

*RD*

DATE PREPARED

*02-05-07*

27020052511

27020052512

