

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

SECRETARY OF THE SENATE

03 JUL -9 PM 12:32

HD.

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Hoefel for Senate Committee

ADDRESS (number and street)

610 Harper Avenue

(Check if address is changed)

Jeckintown

PA

19048

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

timbriggssy@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2158840489

2. DATE

07 / 09 / 2003

3. FEC IDENTIFICATION NUMBER

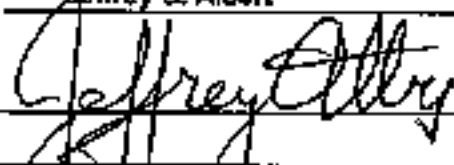
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4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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 Jeffrey B. Albert

Signature of Treasurer



Date

07 / 09 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-6530
Local 202-694-1110

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 | Joseph M. Hoefel |

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

- (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

Write or Type Committee Name

Hoefel for Senate Committee

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 Jeffrey B. Albert

Mailing Address 48 Oakwood Drive

Dresher PA 19025

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 215 884 2100

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 Jeffrey B. Albert

Mailing Address 48 Oakwood Drive

Dresher PA 19025

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 215 884 2100

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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.

Hudson United Bank

Mailing Address

1000 MacArthur Boulevard

Mahwah

NJ

07430

CITY ▲

STATE ▲

ZIP CODE ▲

EMILY J. REYNOLDS
SECRETARY

PAMELA B. JAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 07-09-03
Date of Receipt

REGISTERED/CERTIFIED MAIL _____
Postmarked

**RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

OTHER (Specify): _____
 PRIORITY MAIL
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
 AIRBORNE EXPRESS _____
Postmark and/or Date of Receipt

FIRST CLASS MAIL _____
Postmarked

FAX (48-HOUR NOTICES)
 FAX (FEC FORM #10)
 FAX (CAMPAIGN REPORT) _____
Date of Receipt

NO POSTMARK **POSTMARK ILLEGIBLE**

**RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER** _____
Date of Receipt

RD 07-09-03
Preparer Date Prepared

23020251527
23020251527

