

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Perkinson For Congress 2012

ADDRESS (number and street)

P.O. Box 102

(Check if address is changed)

Dallastown

PA

17313-0102

CITY

STATE

ZIP CODE

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

perkinson.for.congress.2012@gmail.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.perkinsonforcongress.com

(Check if address is changed)

2. DATE

05 / 19 / 2012

3. FEC IDENTIFICATION NUMBER

C C00510883

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 Stanley L Schreffler

Signature of Treasurer

Stanley L Schreffler

[Electronically Filed]

Date

05 / 19 / 2012

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)

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 Harry Ebiff Perkinson Jr.

Candidate Party Affiliation  DEM  REP  IND  OTH

Office Sought:  House  Senate  President

State  AL  AK  AR  AZ  CA  CO  CT  DC  DE  FL  GA  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NE  NH  NJ  NM  NV  NY  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  01  02  03  04  05  06  07  08  09

- (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  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Perkinson For Congress 2012

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

NONE

Mailing Address

CITY

STATE

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 Stanley L Schreffler

Mailing Address 350 Allegheny Drive

York

PA

17402

Title or Position

CITY

STATE

ZIP CODE

Campaign Treasurer

Telephone number 717 - 741 - 2499

**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 Stanley L Schreffler

Mailing Address 350 Allegheny Drive

York

PA

17402

Title or Position

CITY

STATE

ZIP CODE

Campaign Treasurer

Telephone number 717 - 741 - 2499

Full Name of Designated Agent

Ms Angela G Perkinson

Mailing Address

955 S Pleasant Avenue

Dallastown

CITY

PA

STATE

17313-9631

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

717

246

2359

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.

Susquehanna Bancshares

Mailing Address

2685 S Queen Street

York

CITY

PA

STATE

17402-4953

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N  
Transaction ID :

I originally filed Form 1 on paper, dated 1-23-2012, and am now filing an amended Form 1 electronically. I could not get the FECFile software to check the amended box on Form 1. The only thing that has changed from the original Form 1 is the Committee address. Stanley L. Schreffler, Campaign Treasurer

Form/Schedule:  
Transaction ID: