

FEC FORM 1

STATEMENT OF ORGANIZATION

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2007 MAY 21 AM 7:59

Office Use Only

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

Actpac

ADDRESS (number and street) P.O. Box 363

(Check if address is changed)

Malvern PA 19355-0363

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS info@actpac.net

COMMITTEE'S WEB PAGE ADDRESS (URL) www.actpac.net

COMMITTEE'S FAX NUMBER

2. DATE

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 Christopher J. Smith

Signature of Treasurer [Signature] Date 05 14 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)

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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 \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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

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Write or Type Committee Name

Act Pac

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 Christopher J Smith

Mailing Address 27 Wistar Road

Paoli PA 19301

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 610-644-5059

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 Christopher J Smith

Mailing Address 27 Wistar Road

Paoli PA 19301

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 610-644-5059

Full Name of Designated Agent Jamie McVickar

Mailing Address 407 Black Horse Road

Chester Springs PA 19425

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 610-321-9846

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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.

Citadel

Mailing Address

31 West Lancaster Avenue

Paoli

PA

19301

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**Federal Election Commission**  
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*EW* *5/21/07*  
**PREPARER** **DATE PREPARED**

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