

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2003 JUN 19 A 10:41  
Times Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12184MS

ELLEN BARD FOR CONGRESS

ADDRESS (number and street)

124 ROMAN AVENUE

(Check if address is changed)

LENKINTOWN

PA

17046

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ellenbard@lenkintown.pa.gov

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

717-885-4506

2. DATE

07 09 2003

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

GERTRUDE K. MAW

Signature of Treasurer

*Gertrude K Maw*

Date

7 11 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-426-2530  
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 ELLEN M. BARD

Candidate Party Affiliation REP Office Sought:  House  Senate  President State PA District 13

- (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 Connector Organization:

- Corporation  Corporation with Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

ELLEN BARRA 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 WILLIE STUBBS

Mailing Address 1559 HARVEY ROAD

GLENSIDE

PA 19038

Title or Position CUSTODIAN OF RECORDS CITY STATE ZIP CODE PA 19038

Telephone number 215-884-1033

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 KURT BRIDELER MAN

Mailing Address 1304 1212

WYOMING VALLEY

PA 19437-0232

Title or Position STRENDREIF CITY STATE ZIP CODE PA 19437

Telephone number 215-1643-1726

Full Name of Designated Agent WILLIE STUBBS

Mailing Address 1559 HARVEY ROAD

GLENSIDE

PA 19038

Title or Position CUSTODIAN OF RECORDS CITY STATE ZIP CODE PA 19038

Telephone number 215-884-1033

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.

COMMERCIAL BANK

Mailing Address

1100 NEW YORK ROAD

NEWCASTLE PA 19124-1101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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