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2004 JAN 13 A 10 56

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example (if typical) type over the line. 12PB4M5

SCHRAEDER FOR CONGRESS

ADDRESS (number and street)

(Check if address is changed)

2 PARK LANE

SUITE 105

EASTERVILLE

PA

19053

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEES@GILNYSCHRAEDER.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.GILNYSCHRAEDER.COM

COMMITTEE'S FAX NUMBER

212-322-8299

2. DATE

01/10/2004

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

MICHAEL P. MALLOY

Signature of Treasurer

Michael P. Malloy

Date

01/10/2004

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
OnlyFor further information contact:
Federal Election Commission
Toll Free: 800-424-9530
Local: 202-684-1411FEC 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

VIRGINIA WATERS SCHRADER

Candidate
Party Affiliation

DEM

Office
Sought☒ House☐ Senate☐ President

State

PA

District

08

- (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

Write or Type Committee Name

SCHRADER 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

MICHAEL P. MALLOY

Mailing Address

2 PARK LANE**SUITE 105****FEASTERVILLE****PA****19053**

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

215-322-8293

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**MICHAEL P. MALLOY**

Mailing Address

2 PARK LANE**SUITE 105****FEASTERVILLE****PA****19053**

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

215-322-8293Full 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.

FLEET BANK

Mailing Address

FLEET BANK BUILDING

6 EAST TRENTON AVENUE

MORRISVILLE

PA

19067

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
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JMD PREPARER		1-13-04 DATE PREPARED