Image# 13941676717				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			Office Use Only
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
Southeastern Pe	ennsylvania Manu	ufacturers PAC (		;) 
	PO Box 30844			
ADDRESS (number and street)				
is changed)				
	Bethesda			814
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR				
(Check if address is changed)	info@campaignfinancia	al.com		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
2. DATE 10	02 / Y Y Y Y 2013			
3. FEC IDENTIFICATION N	NUMBER ► C c	00503888		
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 i	t is true, correct and	d complete.
Type or Print Name of Treasur	rer Kip Anthony			
Signature of Treasurer	Anthony	[Electronically Filed]	Date	/ D D / Y Y Y Y 02 2013
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

10/02/2013 10 : 00

-			-	
	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>	
TYP	E OF C	OMMITTEE		
Car	ndidate	e 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. (Compleinformation below.)	te the candidate	
	ne of didate			_
	didate y Affiliati	on Office Sought: House Senate President	State District	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	ne of didate			
Par	ty Con	nmittee:		
(d)			emocratic, publican, etc.) Part	iy.
Pol	itical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is	a
		Corporation Corporation w/o Capital Stock	abor Organization	
		Membership Organization Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or part	ty
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joir	nt Func	Iraising Representative:		_
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		]
	3.	FEC ID number		
	4.	FEC ID number		]

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Custodian of Records

## Southeastern Pennsylvania Manufacturers PAC (SEPA PAC)

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

	Mailing Address																																					
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													CI	ΤY											S	TAT	E					ZI	> C		θE			
	Relationship:	Cor	neo	cted	Or	gar	niza	atior	n		Affi	iliat	ed	Со	mm	nitte	e	Π	Jo	int	Fur	ndra	aisir	ng I	Rep	ores	ent	ativ	e	Π	Lea	ade	rsh	ip F	PAC	Sp	ons	or
7.	Custodian of Re books and record		s: l	den	ify	by	na	me	, a	ddr	ess	s (p	oho	ne	nur	mbe	er -	- 0	ptic	onal	l) a	ind	pos	sitic	on c	of th	ne p	oers		in	pos	sse	ssic	on (	of co	omi		
7.					-	-					ess	s (p	oho	ne	nur	mbe	er -	- 0	ptic	onal	l) a	ind	pos	sitic	on c	of th	ne p	bers		in	pos	sse	ssic	on (	of co	omi		
7.	books and record	S.			Fin	and		Ser	rvic	es	ess	s (p	oho 	ne	nur	mbe	er -	- 0	ptic	onal	I) a	ind	pos	sitic		of th	ne p	Ders		in	pos	sse:	ssic	on (	of co	omi		
7.	books and record	S.			Fin	and	cial	Ser	rvic	es		s (p	oho 	ne	nur	mbe	er -	- 0	ptic	onal	I) a	ind		sitic	on c	of th	ne p		son	 		sse:		on (	of co			
7.	books and record	S.			Fin:	anc     	cial	Ser 308	rvic	es		s (p	) ) ) ) )	ne 	nur	mbe	er -	0	ptic	onal	I) a	ind		sitic		of th	ne t		son	in		sse:		on (				

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).

301

Telephone number

654

3220

Full Name of Treasurer	
Mailing Address	PO Box 30844
	Bethesda
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																			I										
Mailing Address																													
																						L							
	CITY														ST/	λΤΕ					ZI	ΡC	DE						
Title or Position																													
													Tel	eph	ione	e ni	umt	ber											

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.

Wells F	Fargo Bank		
Mailing Address	7901 Wisconsin Avenue		
	Bethesda	MD 20814	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	