

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

(See instructions)

Office use only

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

12FE4M5

PENNSYLVANIA STATE EDUCATION ASSOCIATION PACE FOR FEDERAL ELECTIONS

ADDRESS (number and street)

PO BOX 1724 - 400 N THIRD ST

 (Check if address  
is changed)

HARRISBURG

PA

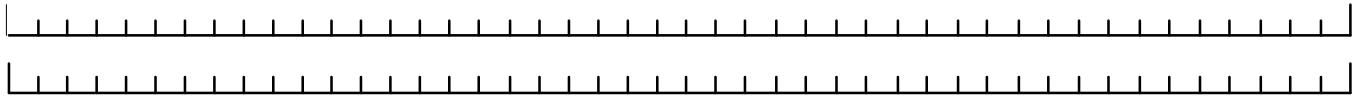
17105

CITY STATE ZIP CODE 

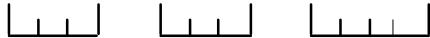
COMMITTEE'S E-MAIL ADDRESS

FECCorrespondence@psea.org

COMMITTEE'S WEB PAGE ADDRESS (URL)



COMMITTEE'S FAX NUMBER

2. DATE 

M	M
0	1

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	8

3. FEC IDENTIFICATION NUMBER

C C00110817

4. IS THIS STATEMENT  NEW (N)  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

Hollis C. Renegar

Signature of Treasurer

Electronically Filed by

Hollis C. Renegar

Date

M	M
0	1

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 202-694-1100FEC 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

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
District

(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

**Pennsylvania State Education Association**

Mailing Address  **400 North Third Street**

**Harrisburg**  **PA**  **17105**

**CITY**

**STATE**

**ZIP CODE**

Relationship **Connected**

Type of Connected Organization:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input checked="" type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

Write or Type Committee Name

**PENNSYLVANIA STATE EDUCATION ASSOCIATION PACE FOR FEDERAL ELECTIONS**

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

**Guy Green**

Mailing Address

**400 North Third Street****Harrisburg****PA****17101**

Title or Position ▼

**CITY ▲****STATE▲****ZIP CODE ▲****PSEA Business Manage****717****255****7000**

Telephone number \_\_\_\_\_

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**Hollis C. Renegar**

Mailing Address

**400 N. Third Street****Harrisburg****PA****17101**

Title or Position ▼

**CITY ▲****STATE▲****ZIP CODE ▲****Treasurer****717****255****7000**

Telephone number \_\_\_\_\_

Full 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.

PNC BANK N.A.

Mailing Address

4242 CARLISLE PIKE

CAMP HILL

PA

17011

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲



**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼

**CITY ▲**

**STATE▲**

**ZIP CODE ▲**

Telephone number

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