

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 MAY 31 PM 2:00

Office Use Only

FEC
FORM 1

STATEMENT OF ORGANIZATION

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

Scaringi for Senate 2012

ADDRESS (number and street) 215 N 24th St
(Check if address is changed)
CAMP HILL PA 17011
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed)

2. DATE 05 18 2012

3. FEC IDENTIFICATION NUMBER C00491431

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 melanie Scaringi

Signature of Treasurer Melanie Scaringi Date 05 18 2012

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 02/2009)

12020384750

5. TYPE OF COMMITTEE

Candidate 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. (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 _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

12020384751

Write or Type Committee Name

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

Two rows of vertical grid lines for text entry.

Mailing Address

Three rows of vertical grid lines for mailing address, including a row for city, state, and zip code.

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Row of vertical grid lines for full name.

Mailing Address

Three rows of vertical grid lines for mailing address, including a row for city, state, and zip code.

Title or Position

CITY

STATE

ZIP CODE

Row of vertical grid lines for title or position.

Telephone number

Row of vertical grid lines for 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

Row of vertical grid lines for full name of treasurer.

Mailing Address

Three rows of vertical grid lines for mailing address, including a row for city, state, and zip code.

CITY

STATE

ZIP CODE

Title or Position

Row of vertical grid lines for title or position.

Telephone number

Row of vertical grid lines for telephone number.

12020384752

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

12020384753

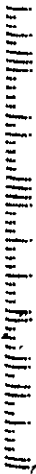
Starting for Senate 2012
315 N. 34th St.
Camp Hill, PA 17011

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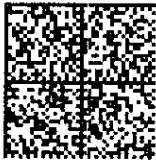
Secretary of the Senate
Office of Public Records
333 Hart Senate Office Building
Washington DC 20510-7110

2051007110

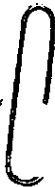


MAY 30 2012

Delivered by
State Post Office



UNITED STATES POSTAGE
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0001643529 MAY 22 2012
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

USPS FIRST CLASS MAIL 05-22-12
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

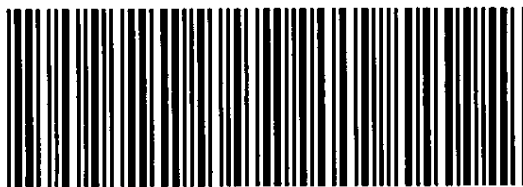
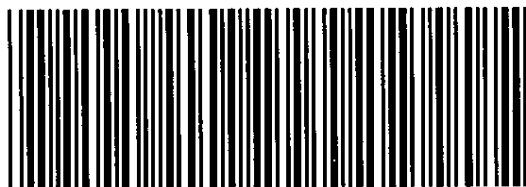
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FAX _____
Date of Receipt

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Date of Receipt or Postmark

PREPARER RD DATE PREPARED 05-31-12

12020384755



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