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FEC	
FORM 1	

07/14/2020 15 : 32

PAGE 1 / 4 🗕

STATEMENT	OF
ORGANIZATI	ON

			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Friends of Marc F	Friedenberg		1
ADDRESS (number and street)	P.O. Box 459		
(Check if address is changed)			
is changed)	Pine Grove Mills		PA 16868
			STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address	team@marcforpa.com		
is changed)			
	Optional Second E-Mail Add	dress ail.com	
COMMITTEE'S WEB PAGE ADI			
 (Check if address is changed) 	MarcForPA.com		
2. DATE 07 / 14	D / Y Y Y Y 2020		
3. FEC IDENTIFICATION NU	JMBER ► C C	00655084	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete
	is oldement and to the best	of my knowledge and belief it	
Type or Print Name of Treasure	r Swoboda, Margaret, , Mrs.,		
			M M / D D / Y Y Y Y
Signature of Treasurer	oda, Margaret, , Mrs.,	[Electronically Filed]	Date 07 14 2020
NOTE: Submission of false, errone		may subject the person signing the one of the other of the other of the other	nis Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office		For further information co	
Use Only		Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	n (Revised 06/2012)

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	F	EC Foi	rm 1 (Revised 02/2009) Page 2
	TYPE	OF C	OMMITTEE
	Cand	didate	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 Candio		Friedenberg, Marc, , ,
	Candio		DEM Office State PA
	Party	Affiliatio	on Dem Sought: X House Senate President District 12
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candio		
	Party	/ Com	nmittee:
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party
	Politi	ical A	ction 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	Fund	raising 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.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Friends of Marc Friedenberg

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

N						
	Mailing Address					
			CITY		STATE	ZIP CODE
	Relationship: Conne	cted Organization	Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
<i>.</i>	Custodian of Records:	dentify by name.	address (phone number ·	- optional) and positi	on of the person in	possession of committee

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Swoboda,	Margaret, , Mrs.,
Full Name	
Mailing Address	172 Holtzinger Lane
	Julian PA 16844
Title or Position	CITY STATE ZIP CODE
	Telephone number 814 - 571 - 8082

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	Swoboda, Margaret, , Mrs.,
Mailing Address	172 Holtzinger Lane
	Julian PA 16844
	CITY STATE ZIP CODE
Title or Position	Image: Telephone number 814 571 8082

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent										1																	
Mailing Address																											
																	L			L							
						(CIT	Y									STA	ΤE				ZI	ΡC	COD	Ε		
Title or Position																											
												Tele	eph	ione	e n	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.

First N	ational Bank	
Mailing Address	117 South Allen Street	
	State College	PA 16801
_	CITY	STATE ZIP CODE
Name of Bank, Depository,	etc.	
Mailing Address		
	$[\ \ , \ \ , \ \ , \ \ , \ \ , \ \ $	
	CITY	STATE ZIP CODE