

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

Friends of Susan Boser

ADDRESS (number and street)

830 White Farm Rd.

 (Check if address  
is changed)

Indiana	PA	15701
CITY ▲	STATE ▲	ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

dbrady63@outlook.com

Optional Second E-Mail Address  
sboser12@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

BoserforCongress.com

2. DATE

M M / D D / Y Y Y Y  
02 / 17 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00670364

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 Brady, David, , ,Signature of Treasurer Brady, David, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 08 / 2018NOTE: 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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 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

Boser, Susan, , Mrs,

Candidate Party Affiliation

Dem

Office Sought:

House

Senate

President

State

PA

District

15

(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



Full Name of  
Designated  
Agent

Watson, Veronica, , ,

Mailing Address

2431 Home Street

Indiana

CITY

PA

15701

STATE

ZIP CODE

Title or Position  
Chairperson

Telephone number

724 - 422 - 7057

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.

InFirst Bank

Mailing Address

935 Philadelphia Street

Indiana

CITY

PA

15701

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE