STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Golderer for Congress PO Box 74 ADDRESS (number and street) (Check if address is changed) Wayne 19087 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@goldererforcongress.com (Check if address is changed) Optional Second E-Mail Address |fec@nextlevelpartners.net COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.goldererforcongress.com (Check if address is changed) DATE 2015 C00591925 FEC IDENTIFICATION NUMBER > 3. X 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 Jennifer May [Electronically Filed] 2015 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF COMM		
Candidate Co		
(a) X Thi	s committee is a principal campaign committee. (Complete the candidate information below.)
	s committee is an authorized committee, and is NOT a principal campaign committee. (Con primation below.) I Bill Golderer	nplete the candidate
Candidate		<u> </u>
Candidate Party Affiliation	DEM Office Sought: X House Senate President	State PA
(c) Thi	s committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Commit	tee:	
(d) Thi	s committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Actio	n Committee (PAC):	
(e) Thi	s committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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.	
	is committee supports/opposes more than one Federal candidate, and is NOT a separate semittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundrais	ing Representative:	
	s committee collects contributions, pays fundraising expenses and disburses net proceeds for transittees/organizations, at least one of which is an authorized committee of a federal candidate.	
	committee collects contributions, pays fundraising expenses and disburses net proceeds for to mittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committe	ees Participating in Joint Fundraiser	
1.		
2.		
3.		
4		

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Write or Type Committee N		. 490 -
Golderer for C		
	d Organization, Affiliated Committee, Joint Fundraising Representation	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Jennife Full Name	er May	
	PO Box 74	
Mailing Address		
	, Wayne	19087
Title or Position	CITY STATI	E ZIP CODE
Treasurer	Telephone number	202 505 1657
3. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the commg., assistant treasurer).	nittee; and the name and address of
Full Name Jennife	r May	
of Treasurer	PO Box 74	
Mailing Address		
	.10/2	
	Wayne	
Title or Position Treasurer	CITY STATE Telephone number	E ZIP CODE

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Full Name of Designated Agent		
Mailing Address		
-		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc.	
	Depository, etc. Bank of America 219 E Lancaster Ave	
Name of Bank, I	Depository, etc. Bank of America	
Name of Bank, I	Depository, etc. Bank of America 219 E Lancaster Ave	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America 219 E Lancaster Ave Wayne PA 19087 CITY STATE	
Name of Bank, I	Depository, etc. Bank of America 219 E Lancaster Ave Wayne PA 19087 CITY STATE	
Name of Bank, I	Depository, etc. Bank of America 219 E Lancaster Ave Wayne PA 19087 CITY STATE	
Name of Bank, I	Depository, etc. Bank of America 219 E Lancaster Ave Wayne PA 19087 CITY STATE	
Name of Bank, I	Depository, etc. Bank of America 219 E Lancaster Ave Wayne PA 19087 CITY STATE	