Only

## STATEMENT OF

PAGE 1/4

**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. ADDIS FOR PA 380 EXETER ROAD ADDRESS (number and street) (Check if address is changed) **HAVERFORD** 19041 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ADDISFORPA@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2018 C00647594 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. Addis, Kathryn, Meyer, , Type or Print Name of Treasurer Addis, Kathryn, Meyer, , [Electronically Filed] 03 29 2018 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

Local 202-694-1100

FEC Forn	n 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF CO	MMITTEE	
Candidate (	Committee:	
(a) <b>x</b>	This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candidate	Addis, Paul, David, ,	
Candidate Party Affiliation	REP Office Sought: House Senate President	State PA
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Comr	mittee:	
(d)		Democratic, Republican, etc.) Party.
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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 Fundra	aising Representative:	
107	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Comm	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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FEC Form 1 (Revised		Page 3
Write or Type Committee Nan		
ADDIS FOR PA	A	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponso
_		
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in poss	session of committee
Addis, Ka	athryn, Meyer, ,	
	380 Exeter Road	
Mailing Address		
	Haverford , PA , 19041	
Title or Position	CITY STATE 2	ZIP CODE
Treasurer	Telephone number	
3. <b>Treasurer:</b> List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name Addis, Ka	nthryn, Meyer, ,	
Mailing Address	380 Exeter Road	
	Haverford PA 19041	
Title on Decision	CITY STATE Z	ZIP CODE
Title or Position Treasurer	Telephone number	

FEC Form 1 (Re	vised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other Depos	itories: List all banks or other depositories in which the committee deposits funds,	holds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds.	holds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds.  Dry, etc.  C Bank  18 South Bryn Mawr Ave	
safety deposit boxes or Name of Bank, Deposito	Bryn Mawr  PA 190	010
safety deposit boxes or Name of Bank, Deposito	Bryn Mawr  CITY  STATE	
safety deposit boxes or Name of Bank, Deposito	Bryn Mawr  CITY  STATE	010
safety deposit boxes or Name of Bank, Deposito  Mailing Address  Name of Bank, Deposito	Bryn Mawr  CITY  STATE	010
safety deposit boxes or Name of Bank, Deposito  PNC  Mailing Address  Name of Bank, Deposito	Bryn Mawr  CITY  STATE	010
safety deposit boxes or Name of Bank, Deposito	Bryn Mawr  CITY  STATE	010
safety deposit boxes or Name of Bank, Deposito  Mailing Address  Name of Bank, Deposito	Bryn Mawr  CITY  STATE	010