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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

WAYPOINT FINANCIAL CORP PAC

WAYPOINT PAC

ADDRESS (number and street)

235 NORTH SECOND ST

(Check if address
is changed)

HARRISBURG

PA

17101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

06 07 2002

3. FEC IDENTIFICATION NUMBER ▶

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

JOSEPH ARTHUR

Signature of Treasurer

Date

06 13 2002

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1

(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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 _____

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

- (e) This committee is a separate segregated fund.

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

6. Name of Any Connected Organization or Affiliated Committee

WAXPOINTE FINANCIAL CORP _____

Mailing Address P.O. BOX 1711 _____

HARRISBURG PA 17105 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship CONNECTED _____

Type of Connected Organization:

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

Write or Type Committee Name

WAYPOINT FINANCIAL CORP. PAC

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 JOSEPH ARTHUR

Mailing Address WAYPOINT BANK
P. O. BOX 1711
HARRISBURG PA 17105

Title or Position CONTROLLER CITY STATE ZIP CODE

Telephone number 717-909-7513

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 (s.g., assistant treasurer).

Full Name of Treasurer JOSEPH ARTHUR

Mailing Address WAYPOINT BANK
P. O. BOX 1711
HARRISBURG PA 17105

Title or Position CONTROLLER CITY STATE ZIP CODE

Telephone number 717-909-7513

Full Name of Designated Agent MARIANNE SNYDER

Mailing Address WAYPOINT BANK
P. O. BOX 1711
HARRISBURG PA 17105

Title or Position ASSISTANT VP CITY STATE ZIP CODE

Telephone number 717-909-2679

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.

WAYPOINT BANK

Mailing Address

P. O. BOX 1711

HARRISBURG

PA

17105

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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