FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Timko for PA 10 Saint Francis Way ADDRESS (number and street) Suite 10 (Check if address is changed) Cranberry Twp 16066 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rp3@henryalan.com (Check if address is changed) Optional Second E-Mail Address scotttimko@teamtimko.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00701086 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. Phillips, Robert, , , III Type or Print Name of Treasurer Phillips, Robert, , , III [Electronically Filed] 06 12 2019 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 Form 1 (Revised 02/2009)	Page 2
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. (Compinformation below.)	plete the candidate
Name of Candidate Timko, Scott, Richard, ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State PA District 17
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the 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 secommittee. (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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

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Write or Type Committee N		
Timko for PA		
6. Name of Any Connecto	ed Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representat	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the pe	rson in possession of committee
Phillip Full Name	s, Robert, , , III	
Mailing Address	10 St. Francis Way	
Walling Address	Unit 10	
	Cranberry Twp PA	16066
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	02 866 8229
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; g., assistant treasurer).	and the name and address of
Full Name Phillips of Treasurer	s, Robert, , , III	
Mailing Address	10 St. Francis Way	
	Unit 10	
	Cranberry Twp PA	16066
Title or Position Treasurer	CITY STATE 20 Telephone number	ZIP CODE 02 - 866 - 8229 -
	ielephone number	

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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	PNC Bank	
	Depository, etc.	
Name of Bank, I	PNC Bank 1340 Freedom Road	ZIP CODE
Name of Bank, I	PNC Bank 1340 Freedom Road Cranberry Twp PA 16066 CITY STATE	
Name of Bank, I	PNC Bank 1340 Freedom Road Cranberry Twp PA 16066 CITY STATE	
Name of Bank, I	Depository, etc. PNC Bank 1340 Freedom Road Cranberry Twp PA 16066 CITY STATE	
Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. PNC Bank 1340 Freedom Road Cranberry Twp PA 16066 CITY STATE	
Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. PNC Bank 1340 Freedom Road Cranberry Twp PA 16066 CITY STATE	