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. Pennsylvania Democratic Party 229 State St ADDRESS (number and street) (Check if address is changed) Harrisburg 17101 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS corey@padems.com (Check if address is changed) Optional Second E-Mail Address Darryl@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.padems.com (Check if address is changed) DATE 2021 C00167130 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. Reber, Alexander, , , Type or Print Name of Treasurer Reber, Alexander, , , [Electronically Filed] Date 10 2021 Signature of Treasurer 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

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	1 uye 2
Can	didate	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. (Compleinformation below.)	ete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Com	mittee:	
(d)	×	CTA ' ' DEM '	emocratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
•			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 segrecommittee. (i.e., nonconnected committee)	egated 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.)	
Join	t Fund	raising 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised (02/2009)		Page 3
Write or Type Committee Name			
Pennsylvania D	emocratic Party		
<u> </u>	Organization, Affiliated Committee, Joint Fundraising F	Representative, or Leadersh	nip PAC Sponsor
Casey Keystone Victor	ry Fund		
Mailing Address	PO Box 58746		
	Philadelphia	PA 19102	
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundrais	ising Representative Lea	dership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and p	osition of the person in pos	session of committee
Pellington,			
Mailing Address	229 State St		
	Harrisburg	PA 17101	
Title or Position	CITY	STATE	ZIP CODE
Dep. Exec. Dir.	Telephone	number 717 - 9	920 - 8470
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of assistant treasurer).	the committee; and the name	ne and address of
Full Name Reber, Alex of Treasurer	xander, , ,		
Mailing Address	229 State St		
	Harrisburg CITY	PA 17101 STATE 2	ZIP CODE
Title or Position Treasurer	Telephone	, 717 , , 9	920 - 8470

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	attrie, Darryl, , ,	
Mailing Address	229 State St	
	Harrisburg CITY STATE ZI	IP CODE
Title or Position Assistant Treasurer	Telephone number 717 – 92	20 - 8470
Banks or Other De safety deposit boxes Name of Bank, Dep		accounts, rents
Α	malgamated Bank	
Mailing Address	1825 K St NW	
	Washington DC 20006	
	CITY STATE Z	IP CODE
Name of Bank, Dep	ository, etc.	
Mailing Address	PNC Bank 1600 Market St	
	Philadelphia PA 19102	
	CITY STATE Z	IP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** ______

(h). Joint Fundraisii	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundorporation/Democratic National Com		e, or Leadership PAC Spons
Mailing Address	Victory Fund		
	430 South Capitol Street, SE	<u> </u>	1 _1 _1 _1 _1 _1 _1 _1
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Spo
	y by name, address (phone number – optional)	nt Fundraising Represent	Leadership FAC Spo
Designated Agent: Identif		nt Fundraising Represent	Leadership FAC Spc
Designated Agent: Identif		nt Fundraising Represent	Leadership FAC Spc
Designated Agent: Identif		nt Fundraising Representa	Leadership FAC Spc
Designated Agent: Identif	by by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or missing the second content of the conten	cories: List all banks or other depositories in whice aintains funds. 275 Seventh Ave	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	cories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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1.	<u>, , , , , , , , , , , , , , , , , , , </u>	FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Democratic Grass	roots Victory Fund		
	430 South Capitol Street SE		
Mailing Address	400 Seath Capitel Street GE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		Fundraising Representa	ative Leadership PAC S
Connected	Affiliated Committee	Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or mailing address or mailing and the control of the co	continuous problems (phone number – optional) CITY CITY Testries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition and the properties of the position and the position, etc.	continuous problems (phone number – optional) CITY CITY Testries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are as a contract and the contract a	continuous problems (phone number – optional) CITY CITY Testing in the continuous problems in which intains funds. I Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	g Participant:				
1.			J FEC	D number	С
2.			FEC I	D number	С
3.			J FEC	D number	C
4			FEC I	D number	C
ame of Any Connected Dollars for Democ	Organization, Affiliated Con	nmittee, Joint Fo	ındraising Re	presentativ	e, or Leadership PAC Spo
	iais 				
Mailing Address	430 S Capitol Street SE				
	1	1 1 1 1 1 1	1 1 1 1	1 1 1 1	
	Washington		1	DC	20003
Relationship:	CIT	Y A		STATE A	ZIP CODE ▲
					_
	Organization Affiliated O		Joint Fundraisir	ng Represent	ative Leadership PAC S
	_			ng Represent	ative Leadership PAC S
esignated Agent: Identify	_			ng Represent	ative Leadership PAC S
esignated Agent: Identify	_			ng Represent	ative Leadership PAC S
esignated Agent: Identify	_	number – optiona)	ng Represent	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone n	number – optiona)	ng Represent	
esignated Agent: Identify Full Name	by name, address (phone n	number – optiona)	STATE A	
Full Name	by name, address (phone notes of the content of the	number – optiona	Telephone I	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone notes of the content of the	number – optiona	Telephone I	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone in the control of the contr	number – optiona	Telephone I	STATE A	ZIP CODE A
Full Name	by name, address (phone in the control of the contr	number – optiona	Telephone I	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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(h). Joint Fundraisi r	ng Participant:		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Houlahan Victory	Fund		
Mailing Address	PO Box 58381		
	Philadelphia	PA PA	19102
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
0	d Organization Affiliated Committee X Joint	Fundraising Representa	tion DAC C
Connecte	d Organization Aimiated Committee Joint	rundraising Representa	Leadership PAC S
	y by name, address (phone number – optional)	rundraising Represent	ative Leadership PAC 5
		rundraising Representa	Leadersnip PAC 5
esignated Agent: Identif		rundraising Representa	Leadersnip PAC 5
esignated Agent: Identif		rundraising Representa	Leadersnip PAC 5
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marks	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposit boxes or material deposit boxes are material deposited.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposit boxes or material deposit boxes are material deposited.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h).	Joint Fundraising	p Participant:		
1.			FEC ID number	C
2.	. [FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
S. Name	e of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Ca	artwright Victory	Fund		
		PO Box 414		
	Mailing Address	PO BOX 414		
		Scranton	PA PA	18501
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
B. Desig	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	- ull Name	by name, address (phone number – optional)		
F	- ull Name			
Fi	Full Name	CITY A	STATE A	ZIP CODE A
Fi	- ull Name	CITY A	1	ZIP CODE A
Fi	Full Name	CITY A	STATE A	
Bank safety	Full Name	CITY CITY Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
Bank safety	Full Name	CITY CITY Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
Bank safety	Full Name	CITY CITY Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
Bank safety	Full Name	CITY CITY Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (l	n). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
_				
6. N a		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	BATTLEGROUND	O STATES 2020		
,		PO BOX 9		
	Mailing Address			
		LEXINGTON	L KY	40588
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
3. D e		by name, address (phone number – optional)		
— 8. D e	Full Name	by name, address (phone number – optional)		
B. D e		by name, address (phone number – optional)		
 8. D €	Full Name			
— 8. D e	Full Name	CITY A	STATE A	ZIP CODE A
— 8. D e	Full Name	CITY A	1	
8. D e	Full Name	CITY A	STATE A	
——————————————————————————————————————	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE A
——————————————————————————————————————	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or main arme of Bank,	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
——9. B å	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
——9. B å	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

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5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	nising Representative, or Leadership PAC Sponsor	r
	Biden Victory Fund	d		.
		430 South Capitol Street SE		
	Mailing Address	430 30util Capitol Street SL		Ш
				Ш
		Washington	DC 20003	Ш
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative Leadership PAC Spon-	sor
8.		by name, address (phone number - optional)		.
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A ZIP CODE A	
8.	Full Name	CITY A	STATE A ZIP CODE A	
	Full Name Mailing Address TITLE OR POSITION	CITY A	ephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY A Tel ies: List all banks or other depositories in which t		
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected (Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	910 17TH STREET, NW		
	SUITE 925		
	WASHINGTON	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		nt Fundraising Represent	ative Leadership PAC Spo
Connected	Organization Affiliated Committee Joi by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify		nt Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name		nt Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name		nt Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Spo
Connected Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Ces: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY CITY Ces: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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TITLE OR POSITION Banks or Other Deposito safety deposit boxes or many many many many many many many many	ries: List all banks	or other depositories in w	Telephone Number	ZIP CODE ZIP CODE Disits funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		Telephone Number	
Banks or Other Deposito	ries: List all banks		Telephone Number	
			Telephone Number	
TITLE OR POSITION	V	CITY A		ZIP CODE 🛦
TITLE OR POSITION	\	CITY A	STATE A	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	/ by name, address	s (phone number – optiona	l)	
Connected	d Organization	Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Spo
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
	LAFAYETTE		LA	70506
J				
Mailing Address	114 BEAUCHAN	MP LANE		
FRIENDS OF STA	_			
Name of Any Connected	Organization Affi	listed Committee Joint F	undraicing Ponroconta	tive, or Leadership PAC Spons
4.			FEC ID numbe	er C
			」 │ FEC ID numbe	
3.			FEC ID numbe	er C
			FEC ID numbe	r C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. Mailing Address	▼	CITY A s or other depositories in whi	STATE ▲ Telephone Number	ZIP CODE ZIP CODE ts funds, holds accounts, rent
TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	▼	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Deposito afety deposit boxes or material ame of Bank,	▼	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION	▼	CITY A	STATE ▲ Telephone Number	ZIP CODE A
			STATE ▲	
			STATE ▲	
Mailing Address	1			
Full Name				
esignated Agent: Identify	y by name, addres	ss (phone number – optional)		
Connected	d Organization	Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	Washington		DC	20003
	#15180			
Mailing Address	600 Pennsylvar	nia Avenue SE		
	<u> </u>			
lame of Any Connected Wild for PA Victor		iliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
4.			J	
4.			FEC ID number	С
J			FEC ID number	С
3.			FEC ID number	С
1			FEC ID number	