FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

SPORBTARY OF THE SENATE

17 MAY 11 PM 2:39

			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
COMMITTEE :	TO ELECTIC	IYNTHIA E A	YERS
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ADDRESS (number and street)	122 14/A/M/B/E	ERISBIURG SITIR	GEET STET3
☐ ◀ (Check if address is changed)			
	GETTYSBU	RG	PA [1,7,3,25] - [1] STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:SS		
(Check if address is changed)	linfoBelace	citiciyin, tihii aay	1975, ngt
	Optional Second E-Mail An	ddress Citiciyinithiiaaiy	RQ, V, S, , , C, O, M
COMMITTEE'S WEB PAGE AD (Check if address is changed)		thiaayaris .c	10M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. DATE 05 1	1/2017		
3. FEC IDENTIFICATION N	IUMBER ▶ C		1
	NEW (N) OR	AMENDED (A)	
	this Statement and to the be	st of my knowledge and belief i	it is true, correct and complete.
♥♥♥Type or Print Name of Treasur	er JEFFREY	S COHICK	
Signature of Treasurer	July St.	ASS _	Date 05 11 2017
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORM	on may subject the person signing ATION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §301 WITHIN 10 DAYS.
Office		For further Information	

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

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FEC Form	1	(Revised	02/2009
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 5.			DMMITTEE
	Cand	lidate	Committee:
	(a)	X	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 Candid		CYNTHIA, ELLEN, AYERS,
	Candid Party	date Affiliatio	on REP Office Sought: House W Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Com	mittee: (Democratic,
	(d)		(National, State (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	 Joint	Func	Iraising Representative:
	(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
			committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	(h)	Ц	committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	FEC ID number C
		3.	FEC ID number C
		4.	FEC ID number

TREASURER.

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Write or Type Committee Nam	•	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representativ	re, or Leadership PAC Sponsor
MOMETITI		
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Mailing Address		
		1111111111
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Represent	ntative Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
Full Name JEF	FREY S, COHICK	
Mailing Address	COHILGK E ASSOCIATES	•
	3,96 ALEXANDER SPRING R	$O_1A_iD_1$
	CARLISLE PA	1,7,0,1,5]-19,2,6,8
Title or Position	CITY STATE	ZIP CODE
TIRIE AIS UR ER	Telephone number	7,1,71-124,91-15,3,2,1
Treasurer: List the name a any designated agent (e.g.	nd address (phone number optional) of the treasurer of the committ assistant treasurer).	ee; and the name and address of
Full Name of Treasurer JLF	FREY, S. COHILCK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address	COHILCK E ASSOCIATES	
	3,96, ALEXANDER SPRING R	AD.
	CARLISLE PA STATE	1,7,0,15]-[9,76,8 ZIP CODE
Title or Position	Telephone number	17.1.71-12.4.91-15.3.2.1

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. 20	sed 02/2009)	Page 4
Full Name of Designated Agent	RISTOPHER LIFARRANDISI	
Mailing Address	COH, I, CK 18, ASSOCTATES	
	13,9,6, ALEXANDER SPRING	$R_{i}O_{i}A_{i}D_{i}$
		P.A 1.7015-9269 TATE ZIP CODE
Title or Position		
DIESI/IGNIAITIE	ED AGENTIII Telephone numbe	, [7,1,7]-[2,4,9]-[5,3,2,
<u> </u>		
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depositor	•	deposits funds, holds accounts, rents
IM. S.J	T. B.A.N.K	
	1960, WALNUT, BOTTOM, RO	
M ₁ <u>E</u> 11	19,6,0, WALLNOT, BOTTOM, RO	A,D, , , , , , , , , , , , , , , , , , ,
	[9,6,0, WALNOT, BOTTOM, RO	A,D
	[9,6,0, WALNOT, BOTTOM, RO]	PA [1,7,0,1,5]-
	[9,6,0, WALNOT, BOTTOM, RO]	A,D
	[9,6,0, 1W,A,L,N,U,T, 18,0,T,T,0,M, 12,0,1] [C,A,R,L,1,S,L,E, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	PA [1,7,0,1,5]-
Mailing Address	9,6,0, 1₩,A,L,N,U,T, 18,0,T,T,0,M, 12,0, (C,A,R,L,I,S,L,E,	PA [1,7,0,1,5]-
Mailing Address	[9,6,0, 1W,A,L,N,U,T, 18,0,T,T,0,M, 12,0,1] [C,A,R,L,1,S,L,E, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	PA [1,7,0,1,5]-
Mailing Address	9,6,0, 1₩,A,L,N,U,T, 18,0,T,T,0,M, 12,0, (C,A,R,L,I,S,L,E,	PA [1,7,0,1,5]-
Mailing Address Name of Bank, Depositor	9,6,0, 1₩,A,L,N,U,T, 18,0,T,T,0,M, 12,0, (C,A,R,L,I,S,L,E,	PA [1,7,0,1,5]-
Mailing Address Name of Bank, Depositor	9,6,0, 1₩,A,L,N,U,T, 18,0,T,T,0,M, 12,0, (C,A,R,L,I,S,L,E,	PA [1,7,0,1,5]-

Faxed or Hand Delivered

DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

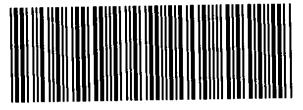
WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED Date of Receipt
USPS FIRST CLASS MAIL
USPS REGISTERED/CERTIFIEDPostmark
USPS PRIORITY MAIL
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAIL
OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS
UPS
DHL
AIRBORNE EXPRESS
RECEIVED FROM FEDERAL ELECTION COMMISSION Date of Receipt
POSTMARK ILLEGIBLE NO POSTMARK
FAXDate of Receipt
OTHER
Date of Receipt or Postmark PREPARER DATE PREPARED



SEN PATCH



SEN PATCH