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FEC

Only

FORM

STATEMENT OF **ORGANIZATION**

RECEIVED

Office gsellOhly 25 AMII: 4/ NAME OF (Check if name Example: If typing, type 12FE4M5 MAIL CENTER COMMITTEE (in full) over the lines. is changed) 1C+1+2, V,1++0,-4, 2654 ADDRESS (number and street) (Check if address is changed) **COMMITTEE'S E-MAIL ADDRESS** (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2.0 201 DATE FEC IDENTIFICATION NUMBER 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 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

	TYPE OF COMMITTEE Candidate Committee:							
(a)								
(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. (Complete the candidate information below.)						
Name of Candidate Candidate Party Affiliation								
		Office State Sought: House Senate President District						
(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	ame of andidate							
Party Committee:								
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.						
Po	Political Action 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)	(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.)						
Jo	Int Fund	raising Representative:						
(g)	-	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.						
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
	Com	mittees Participating in Joint Fundraiser						
	1.	PENNSYIVANIA PENOGRATIC PANTEC 10 number CO0167130						
	2.	CRITIZI FEN Cangress FEC ID number C 0 0 4 7 69 6 1						
	3.	FEC ID number C						
	4.	FEC ID number						

Write or Type Committee Name							
6. Name of Any Connected C	Organization, Affiliated Committee,	Joint Fundraising Repr	esentative, or Le	eadership PAC Sponsor			
More							
	1111111111						
Mailing Address							
		111111					
	CITY		STATE	ZIP CODE			
Relationship: Connected	d Organization Affiliated Committe	ee Doint Fundraising	Representative	Leadership PAC Sponsor			
 Custodian of Records: Ider books and records. 	ntify by name, address (phone numb	er optional) and position	on of the person	in possession of committee			
Full Name	brey Montgo	men					
Mailing Address	PO BOX 2265						
			1111				
	Philadelphia		PA L	9,1,1,0,-			
Title or Position	CITY		STATE	ZIP CODE			
Treasurer		Telephone num	ber ZIS	1-[4,0,5]-[0,5,0,0]			
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optiona assistant treasurer).) of the treasurer of the	committee; and	the name and address of			
Full Name of Treasurer	vey Montgo	1 1 1 1 1 1 1 1	1111				
Mailing Address	Po Sox 2265	5 Q					
	Philadelphia	<u></u> 	PA U	9 [] O] - [] J			
Title or Position Theasurer		Telephone num	ber 215	-4051-0500			

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
		<u> </u>
	CITY	STATE ZIP CODE
Title or Position	Telephone	number
Banks or Other Do safety deposit boxe	epositories: List all banks or other depositories in which the comes or maintains funds.	nmittee deposits funds, holds accounts, rents
Name of Bank, Dep	pository, etc.	
Mailing Address	PNC Bank 11600 Market Stree	
	Philadelphia	1 PA 102-
	CITY	STATE ZIP CODE
Name of Bank, Dep	pository, etc.	
L		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		
		1 1 1 1 1 1 1 1 1 1
		ــــا-لـــــا
	CITY	STATE ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
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USPS First Class Mail	Postmarked				
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Delivery Confirmation™ or Signature Confirma	ation™ Label				
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Business	Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	eipt or Postmarked				
Jm W	7/25-/12				
PREPARER (3/2005)	DATE PREPARED				
(3/2005)					