

RECEIVED
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Friends of Jim Schneller for Congress Committee

2010 APR -5 AM 11:01

March 31, 2010

Federal Election Commission
999 E Street NW
Washington, DC 20463

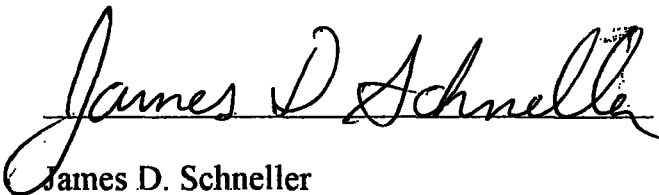
Re: Perfected Form 2 as directed - Candidate Committee No. C00477182

Dear FEC,

Please find enclosed our amended Form 2. Please pardon our overlooking some details in Section 5 in the original submission. We have corrected this section in the enclosed copy and our Treasurer has initialed each line containing new information.

Thank you.

Sincerely,



James D. Schneller
Treasurer
Friends of Jim Schneller for Congress Committee

10030280953

2010 APR -5 AM 11:01

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF JIM SCHWELLER FOR CONGRESS
COMMITTEE

ADDRESS (number and street)

500 EAST LANCASTER AVENUE 1118

☐ (Check if address
is changed)

RADNOR

PA 19087

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address
is changed)

INFO@JIM4US.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

HTTP://WWW.JIM4US.COM

2. DATE 02 22 2010

3. FEC IDENTIFICATION NUMBER

C

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

JAMES SCHWELLER

Signature of Treasurer

James Schweller

Date

02 22 2010

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

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

FEC FORM 1
(Revised 02/2009)

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5. 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. (Complete the candidate information below.)

Name of Candidate

JAMES D. SCHNELLER

Candidate Party Affiliation

N/A

Office Sought:

X

House

Senate

President

State

PA

District

7-

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

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

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) ☐ 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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Write or Type Committee Name

FRIENDS OF JIM SCHNELLER FOR CONGRESS COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

JAMES D. SCHNELLER

Mailing Address

500 E. LANCASTER AVE 111d

RADNOR

PA 19087

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

610 688 9471

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 (e.g., assistant treasurer).

Full Name
of Treasurer

JAMES D. SCHNELLER

Mailing Address

500 E LANCASTER AVE 111d

RADNOR

PA 19087

Title or Position

CITY

STATE

ZIP CODE

Telephone number

610 688 9471

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Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

BRYN MAWR TRUST COMPANY

Mailing Address

330 EAST LANCASTER AVENUE

WAYNE

PA 19087

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030280957

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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☐ 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):	Date of Receipt or Postmarked

 PREPARER	<i>4/5/10</i> DATE PREPARED
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