

COMMONWEALTH OF PENNSYLVANIA  
**POLITICAL COMMITTEE REGISTRATION STATEMENT**



THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF  COMMITTEE  CONTRIBUTING LOBBYIST DATE 10/26/06

NAME OF COMMITTEE OR LOBBYIST <u>Friends of Carol Ann Campbell</u>			CHECK BELOW:  <input checked="" type="checkbox"/> INITIAL REGISTRATION <input type="checkbox"/> AMENDED REGISTRATION  IF THIS IS AN AMENDMENT: FILER ID NUMBER _____  CHECK ALL THAT APPLY: <input type="checkbox"/> NEW COMMITTEE ADDRESS <input type="checkbox"/> NEW CHAIRPERSON <input type="checkbox"/> NEW TREASURER <input type="checkbox"/> OTHER _____ (SPECIFY)
ADDRESS <u>P.O. Box 23915</u>			
CITY <u>Philadelphia</u>	STATE <u>PA</u>	ZIP-PLUS FOUR <u>19151</u>	
COUNTY <u>Philadelphia</u>			
DAYTIME TELEPHONE NUMBER: AREA <u>215</u> <u>496-9300</u>			
E-MAIL ADDRESS: _____			
IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

**SUPPORTED CANDIDATES**

List below the names of candidates the committee/lobbyist intends to support, or candidates who have authorized the committee to receive funds on their behalf. A committee that is not a candidate's authorized political committee may list the *offices* of candidates it intends to support (e.g., Statewide, Legislative, Judicial, Local, All) and need not list names of specific candidates.

Name of Candidate(s)	Address	Office Sought	Political Party/Body
<u>Carol Ann Campbell</u>	<u>234 N. 59<sup>th</sup> St</u>	<u>4<sup>th</sup> District</u>	<u>Democratic</u>
	<u>Phila., PA 19139</u>	<u>City Council</u>	

IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE  SUPPORTS  OPPOSES THE FOLLOWING BALLOT QUESTION:  
N/A

HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:

ELECTION YEAR \_\_\_\_\_ ONLY  INDEFINITELY

FOR OFFICE USE ONLY

90 OCT 31 AM 11:43

2811004  
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280  
 Department of State • Bureau of Commissions, Elections and Legislation

**AFFILIATED AND CONNECTED ORGANIZATIONS**

**Affiliated** means (1) authorized committees of the same candidate, and (2) committees, including separate segregated funds, established, administered, maintained or controlled by the same corporation, unincorporated association, person or group of persons, including a parent, subsidiary, branch, division, dept. or local unit.

**Connected** means an organization which is not a political committee but which directly or indirectly establishes, maintains, controls or administers the registrant, such as a corporation, an unincorporated association, a membership organization, a cooperative or a trade association.

NAME OF AFFILIATED/CONNECTED ORGANIZATIONS	MAILING ADDRESS AND ZIP CODE	RELATIONSHIP TO REGISTRANT
N/A		

**APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON**

FULL NAME OF CHAIRPERSON <u>Louis Agre</u>	MAILING ADDRESS AND ZIP CODE <u>539 Gates St</u>
DAYTIME TELEPHONE NUMBER AREA <u>215</u> NUMBER <u>487-0939</u>	<u>Phila, PA 19138</u>

I accept the appointment of chairperson of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

*Louis Agre*  
SIGNATURE OF CHAIRPERSON

10/26/06  
DATE

**APPOINTMENT AND ACCEPTANCE OF TREASURER**

FULL NAME OF TREASURER <u>Richard Mawcarone, CPA</u>	MAILING ADDRESS AND ZIP CODE <u>c/o Shechtman, Marks, Devor</u>
DAYTIME TELEPHONE NUMBER AREA <u>215</u> NUMBER <u>496-9200</u>	<u>2000 Market St - Ste. 500</u> <u>Phila, PA. 19103</u>

I accept the appointment of treasurer of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

*Richard Mawcarone*  
SIGNATURE OF TREASURER

10/30/06  
DATE

LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES		
NAME OF BANKS, REPOSITORIES, ETC.	MAILING ADDRESS	
<u>PNC Bank</u>	<u>1485 Blackwood Clementine Rd</u> <u>Clementine, NJ 08021</u>	
PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT <u>Lisa A. Adams</u>	SIGNATURE OF PERSON SUBMITTING THIS STATEMENT <u>Lisa Andrea Adams</u>	DATE <u>10/31/06</u>

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CITY COMMISSIONERS  
ROOM 132  
CITY HALL