

COMMONWEALTH OF PENNSYLVANIA  
**POLITICAL COMMITTEE REGISTRATION STATEMENT**

~~2011218~~  
 20110218

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF  COMMITTEE  CONTRIBUTING LOBBYIST DATE \_\_\_\_\_

NAME OF COMMITTEE OR LOBBYIST <b>Good Jobs PA PAC</b>			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 <b>PO Box 728</b>			
CITY <b>Harrisburg</b>	STATE <b>PA</b>	ZIP-PLUS FOUR <b>17108-0728</b>	
COUNTY <b>Dauphin</b>			
DAYTIME TELEPHONE NUMBER: AREA <b>262</b> <b>767-9642</b>			
E-MAIL ADDRESS: _____			
IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" 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
<b>ALL</b>			

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

THIS COMMITTEE  SUPPORTS  OPPOSES THE FOLLOWING BALLOT QUESTION:

--

FOR OFFICE USE ONLY  
 Department of State  
 Bureau of C.E.L.  
 2011 JUL 28 PM 2:27  
**RECEIVED**

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

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

**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

**APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON**

FULL NAME OF CHAIRPERSON <b>Gene DiGirolamo</b>	MAILING ADDRESS AND ZIP CODE <b>P.O. Box 728</b>
DAYTIME TELEPHONE NUMBER	<b>Harrisburg PA 17108-0728</b>
AREA <b>267</b> NUMBER <b>767-9642</b>	

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.

*Gene DiGirolamo*  
SIGNATURE OF CHAIRPERSON

7/27/11  
DATE

**APPOINTMENT AND ACCEPTANCE OF TREASURER**

FULL NAME OF TREASURER <b>Andrea Updegrave</b>	MAILING ADDRESS AND ZIP CODE <b>P.O. Box 728</b>
DAYTIME TELEPHONE NUMBER	<b>Harrisburg PA 17108-0728</b>
AREA _____ NUMBER _____	

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.

*Andrea Updegrave*  
SIGNATURE OF TREASURER

7/28/11  
DATE

LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES		
NAME OF BANKS, REPOSITORIES, ETC. <b>Metro Bank</b>	MAILING ADDRESS <b>3801 Paxton St. Harrisburg PA 17111</b>	
PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT <b>Andrea Updegrave</b>	SIGNATURE OF PERSON SUBMITTING THIS STATEMENT <u><i>Andrea Updegrave</i></u>	DATE <b>7/28/11</b>