



You Are Cordially Invited To A Reception Honoring

TOM MARINO

**Republican Candidate for United States Congress
10th Congressional District**

*Tuesday, October 12, 2010
6:00 p.m. – 8:00 p.m.*

*Susquehanna Valley Country Club
1 Country Club Drive
Hummels Wharf, Pennsylvania 17831*

Heavy hors d'oeuvres will be served.

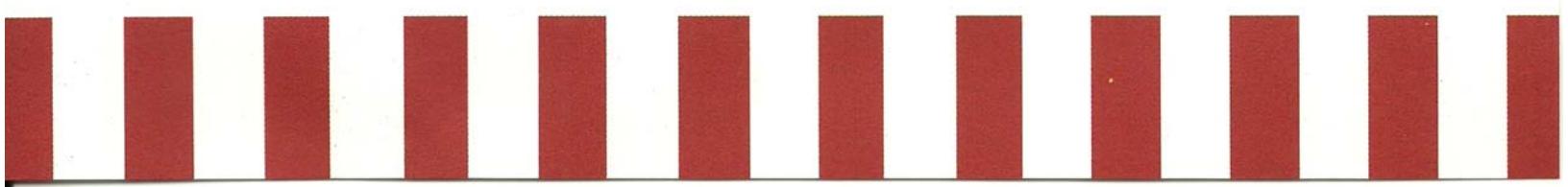
*\$35.00 per person; \$60.00 couple
Checks should be made payable to "Marino for Congress."*

*Executive Host Committee
\$500.00*

*Host Committee
\$250.00*

*Please RSVP by returning the enclosed response card.
If you have any questions, please phone Don Ely at
570-286-2294 or Jason Fitzgerald at 570-337-2028.*

Paid for by Marino for Congress



TOM
MARINO

CONGRESS

Event Chairman

Donald J. Ely

Executive Host Committee

James G. Apple	Max Bingaman
Dr. Thomas Dominick	Sen. Edward Helfrick
Dale & Joan Miller	John D. Moran, Jr.
Thomas Rippon	Lawrence Tabas, Esq.
Roger V. Wiest, Esq.	

Host Committee

George Amerman	Daniel P. Meuser
Anonymous	Dr. James & Yvonne Morgan
Todd Benner	Larry Newman
Robert Buehner, Esq.	Dr. John Pagana
Samuel S. Deitrick	Michael Piecuch, Esq.
Ray Gleason	Todd Raup
Michael & Linda Goldman	Ben Reichley
Mark & Irene Harris	George Robinson
Harold Hurst	Wayne Rodriguez
Marlin Inch	Mark Toccket
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George F. Keller	David Woodring
Richard Knoebel	Jesse Woodring
Kurt Masser	

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TOM
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CONGRESS

P.O. Box 653
Williamsport Pennsylvania 17701
570-567-7258

Yes, I want to help make Tom Marino our next United States Congressman! I will help by making a generous contribution of _____ made payable to Marino for Congress.

Note on contributions:

An individual may contribute a total of \$2,400 toward the General Election. Federal PAC's may contribute up to \$5,000 per election cycle.

Contributions from corporations, foreign nations, federal government contractors, labor organizations or national banks, and contributions from any person contributing another person's funds are strictly prohibited by law.

Name: _____

Address: _____

Phone: _____

Email: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone: _____

Check here if this is a joint contribution from a husband and wife. The signature of other spouse must be provided either on this form or as a signature on the contribution check (2 signatures)

Full Name of Spouse: _____

Occupation: _____

Employer: _____

Signature: _____

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