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2012 MAR 29 AM 8: 20 FEC MAIL CENTER

March 23, 2012

Federal Election Commission 999 E Street, NW Washington, DC 20463

Dear Federal Election Commission,

Attached you will find the amended FEC forms 1 and 2. The first change on these forms is due to the redistricting in NY. Originally when we filed we listed the district as 21, and now that has changed to 20. When asking the FEC information desk, they suggested that I re-file both forms with a cover letter of explanation. The second change is a misspelling with the committee address (should say Ballston instead of Balston).

If you have any questions I can be reached at 518-399-7175 (home), 518-281-0078 (cell), or treasurer@dieterichforcongress.com (email).

Sincerely,

Peter W. Hosner, Jr.

Treasurer

Dieterich for Congress

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 MAR 29 AM 8: 21

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	FEC MAIL CENTER
Dieterich for Con	gress	11111111	 	
	, 108 North Ballston Ave			
ADDRESS (number and street)				
(Check if address is changed)	Scotia			12302
	•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES (Check if address	treasurer@dieterichforcong	•	<u>.l. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	
is changed)				
COMMITTEE'S WEB PAGE ADD	PRESS (URL) ,www.dieterichforcongress.co	om		
(Check if address is changed)				
2. DATE 03 23	D / Y Y Y Y . 2012			
3. FEC IDENTIFICATION NU	MBER C CC	00514844		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined thi	s Statement and to the best	of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name of Treasurer	Peter William Hosner Ir	1		
Signature of Treasurer Peter W	illiam Hosner Jr	714	Date 03	13,5015,
NOTE: Submission of false, errone	ous, or incomplete information of			he penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

FEC FO	m 1 (Hevisea 02/2009)			Page 2	
TYPE OF C	OMMITTEE				
Candidate	Committee:	•			
(a) X	This committee is a principa	al campaign committee.	(Complete the candidate info	ormation below.)	
(b)	This committee is an author information below.)	rized committee, and is	NOT a principal campaign c	ommittee. (Complete the candidate	
Name of Candidate	Robert J Dieteri	ch			ı
Candidate Party Affiliati	DED :	Office Sought: X Hous	e Senate	State N President District	iy C
(c)	This committee supports/opp	poses only one candida	te, and is NOT an authorized	d committee.	
Name of Candidate		111111		111111111	L
Party Con	nmittee:	(National,	State	(Democratic.	
(d)	This committee is a	•	nate) committee of the	Republican, etc.) Par	rty.
Political A	ction Committee (PAC):	:			
(e)	This committee is a separate	te segregated fund. (Ide	ntify connected organization o	on line 6.) Its connected organization is	s a
	Corporation	(Corporation w/o Capital Stock	k Labor Organization	1
	Membership Organia	zation	Trade Association	Cooperative	
	In addition, th	nis committee is a Lobby	ist/Registrant PAC.		
(f)	This committee supports/opportmittee. (i.e., nonconnected		ederal candidate, and is NO	T a separate segregated fund or pa	rty
	. In addition, this comm	nittee is a Lobbyist/Regis	strant PAC.		
	In addition, this comค	nittea is a Leadership PA	AC. (Identify spansor an line 6	.)	
Joint Fund	raising Representative:	:			
(g)	This committee collects contri committees/organizations, at			t proceeds for two or more political derat candidate.	
(h)	This committee collects contri committees/organizations, no			t proceeds for two or more political	
•	-			indicate.	
Com	mittees Participating in Joi	nt Fundrainer			
1.			FEC ID num	ber C	
2.			FEC ID num	ber C	
3.			FEC ID num	ber C	•
4			FEC ID num	ber C	

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FEC Form 1 (Revised 02/2009)	Page 3				
Write or Type Committee Name					
Dieterich for Congress					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor				
,NONE					
Mailing Address					
CITY STATE	ZIP CODE				
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor				
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 					
Peter William Hosner Jr	1				
Full Name					
Mailing Address					
Glenville , NY , 1230	2				
Glenville NY 1230%					
Title or Position CITY STATE	ZIP CODE				
Treasurer 518 — Telephone number	399 - 7175				
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 Peter William Hosner Jr					
of Treasurer	<u> </u>				
Mailing Address					
Glenville NY 12302					
CITY STATE Title or Position	ZIP CODE				
Treasurer 518 -	399 - 7175				

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Joseph Vitale	
Mailing Address	41 Joyous Lane	1 1 1 1 1 1 1 1 1 1
		<u> </u>
	Glenville	NY 12302
	CITY	STATE ZIP CODE
Title or Position Assistant Treasur	er Telephone numb	per
Banks or Other D	Depositories: List all banks or other depositories in which the committee es or maintains funds.	e deposits funds, holds accounts, rents
Name of Bank, De		
ŀ	1șt National Bank of Scotia	
Mailing Address	201 Mohawk Ave	
		
	Scotia	NY 12302
	CITY	STATE ZIP CODE
Name of Bank, De	epository, etc.	
,		
Ĺ		
Mailing Address		
		<u> </u>
	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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):