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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

DIANA IREY FOR CONGRESS

ADDRESS (number and street)

600 PARK AVE

(Check if address
is changed)

MONONGAHELA

PA

15063

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

diana.irey@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.irey.com

COMMITTEE'S FAX NUMBER

724 - 258 - 8600

2. DATE

03 21 2006

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

Bethann DePretis

Signature of Treasurer

Bethann DePretis

Date

03 21 2006

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

FEC FORM 1
(Revised 02/2003)

26039020232

5. TYPE OF COMMITTEE (Check One)

- (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 DIANA LYNN IREY

Candidate Party Affiliation REP OFFICE Sought: House Senate President State PA District 12

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

25039020233

Write or Type Committee Name

DIANA IREY FOR CONGRESS

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 BETHANN DEPRETIS

Mailing Address PO BOX 117

FINLEYVILLE PA 15332

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 724-350-7975

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 BETHANN DEPRETIS

Mailing Address PO BOX 117

FINLEYVILLE PA 15332

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 724-350-7975

Full Name of Designated Agent TAWNY HYSLOP

Mailing Address 704 NINTH ST

MONONGAHELA PA 15063

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 724-258-2589

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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.

NATIONAL CITY BANK

Mailing Address

3500 EXTENSION AVE

LOCATOR 46-15-371

FINLEYVILLE

PA

15332

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

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Federal Election Commission
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

	3/22/06
PREPARER	DATE PREPARED

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