

FEC FORM 1

STATEMENT OF ORGANIZATION

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2019 APR -9 AM 9:54

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

S i e d e n b u e h l F o r C o n g r e s s

ADDRESS (number and street)

1400 N Providence Road, Ste. 1040

(Check if address is changed)

M e d i a

CITY ▲

P A

STATE ▲

1 9 0 6 3

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

l s c h i a z z a @ b a r s z g o w i e . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 01 / 2019

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 Louis Schiazza

Signature of Treasurer

*L. Schiazza*

Date

04 / 01 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

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

FEC FORM 1  
(Revised 06/2012)

NOTED ON 04/09/2019

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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: Tom Siedenbuehl

Candidate Party Affiliation: REP      Office Sought:  House     Senate     President      State: PA      District: 06

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

Name of Candidate: \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation       Corporation w/o Capital Stock       Labor Organization
  - Membership Organization       Trade Association       Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. \_\_\_\_\_ FEC ID number: C-\_\_\_\_\_
- 2. \_\_\_\_\_ FEC ID number: C-\_\_\_\_\_
- 3. \_\_\_\_\_ FEC ID number: C-\_\_\_\_\_
- 4. \_\_\_\_\_ FEC ID number: C-\_\_\_\_\_

Write or Type Committee Name

Siedenbuehl for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 Louis Schiazzza

Mailing Address 1400 N Providence Road, Ste 1040

Media PA 19063

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 610-565-1120

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 Louis Schiazzza

Mailing Address 1400 N Providence Road, Ste 1040

Media PA 19063

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 610-565-1120

2009 FEB 03 10:00 AM

Full Name of Designated Agent

Peter R Barsz

Mailing Address

1400 N Providence Road, Ste 1040

Media PA 19063

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number 610-565-1120

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.

United Savings Bank

Mailing Address

35 E Baltimore Pike

Media PA 19063

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NON-FEDERAL BANK FINANCIAL

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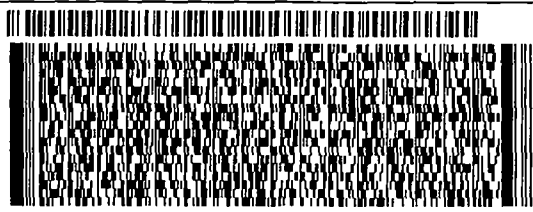


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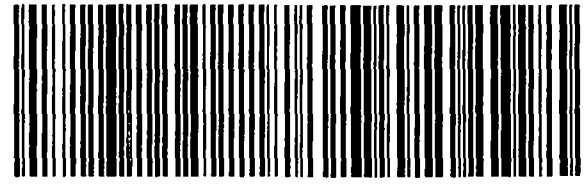
ORIGIN ID:BIGA (610) 565-1120 LOUIS SCHIAZZA, TREASURER BAR SZ GOWIE AMON & FULTZ LLC 1400 NORTH PROVIDENCE ROAD BUILDING 2 - SUITE 1040 MEDIA, PA 19063 UNITED STATES US	SHIP DATE: 08APR19 ACTWGT: 0.50 LB CAD: 5294627/INET4100 BILL SENDER
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TO  
FEDERAL ELECTION COMMISSION  
1050 FIRST STREET, NE  
WASHINGTON DC 20463  
(202) 694-1170 REF: SEDENBUEHL FOR CONGRESS  
INV: DEPT:  
PO:

5651107ES23AD



TRK# 7749 1459 4260  
0201  
TUE - 09 APR 10:30A  
PRIORITY OVERNIGHT  
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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED-EX</i>	Shipping Date <i>4-8-19</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>af</i> PREPARER	<i>4-9-19</i> DATE PREPARED

(3/2015)

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