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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**

**SOLIERI FOR CONGRESS**

ADDRESS (number and street) **363 BIDWELL HILL ROAD**

(Check if address is changed) **LAKE ARIEL PA 18436**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) **SOLIERI4CONGRESS@aol.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) **SOLIERI4CONGRESS.ORG**

2. DATE **02 07 2010**

3. FEC IDENTIFICATION NUMBER **C** *NOT Yet ASSIGNED*

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

**STEVEN A. SOLIERI**

Signature of Treasurer



Date **02 07 2010**

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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Only

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

**FEC FORM 1**  
(Revised 02/2009)

100251616

## 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

STEVEN A. SOLIERI

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

PA  
10

District

(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

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Write or Type Committee Name

SOLIERI FOR CONGRESS

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

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

STEVEN A. SOLIERI

Mailing Address

363 BIDWELL HILL RD.

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

570 840 8567

## 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 TreasurerSTEVEN A. SOLIERI

Mailing Address

363 BIDWELL HILL RD.

Title or Position

CANDIDATE

Telephone number

570-840-8567

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

EIN# 35-2376114

PENNSTAR BANK

Mailing Address

HAMLIN CORNERS

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

PENNSTAR BANK

P.O. BOX 220

Mailing Address

PO BOX 220

CITY

STATE

ZIP CODE

10030251619

## 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
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	2/16/10
PREPARER (3/2005)	DATE PREPARED

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