

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

11 MAR 28 AM 11:45

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines

12FE4M5

People For DioGuardi

ADDRESS (number and street)

1607 Eagle Bay Drive

(Check if address is changed)

Ossining NY 10562

CITY

STATE

ZIP CODE

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

(Check if address is changed)

jjd@truthingovernment.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 / 22 / 2011

3. FEC IDENTIFICATION NUMBER C C00316448

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 Joseph DioGuardi

Signature of Treasurer [Signature] Date 03 / 22 / 2011

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

Table with 5 columns: Office Use Only, and four empty boxes.

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

FEC FORM 1 (Revised 02/2009)

11020110

5. TYPE OF COMMITTEE (Check One)

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 JOSEPH J DIOGUARDI

Candidate Party Affiliation REP Office Sought: House Senate President State NY District 00

- (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
- (f) In addition, this committee is a Lobbyist/Registrant PAC.
 - 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	<u>C</u> _____
2. _____	FEC ID number	<u>C</u> _____
3. _____	FEC ID number	<u>C</u> _____
4. _____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

People For DioGuardi

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

None

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

JOSEPH J DIOGUARDI

Mailing Address

1607 EAGLE BAY DRIVE

OSSINING

NY

10562

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Custodian

Telephone number

914

923

4702

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

JOSEPH J DIOGUARDI

of Treasurer

Mailing Address

1607 EAGLE BAY DRIVE

OSSINING

NY

10562

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

914

923

4702

110201110117

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

Mahopac National Bank

Mailing Address

630 Route 6

Mahopac

NY

10541

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Tompkins Trust Company

Mailing Address

P O Box 6437

Ithaca

NY

14851

CITY

STATE

ZIP CODE

11020111636

Post Office

UNITED STATES SENATE
Post Office

960910-60
MEMBER
TRACKING NUMBER
SENATE
U.S.

E



From: (703) 250-0496
Susan Arceneaux
10597 JOHN AYRES DRIVE
FAIRFAX, VA 22032

Origin ID: BCBA

SHIP TO: (202) 224-0322

BILL SENDER

J1151102250225

Office of Public Records
United States Senate
232 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510

Ship Date: 24MAR11
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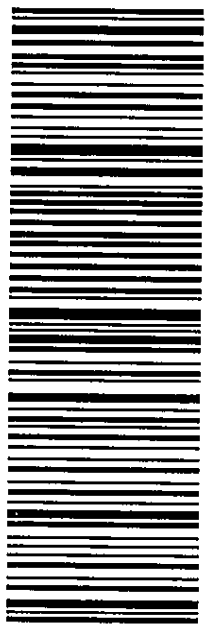
Ref #
Invoice #
PO #
Dept #

DiocGuardi

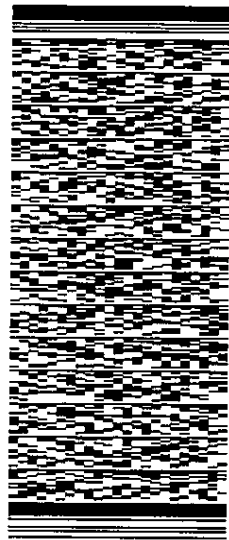
TRK# 7945 7126 0607
0201

FRI - 25 MAR A2
STANDARD OVERNIGHT

19 YKNA
20510
DC-US
DCA



500C2/B009/7FB



RT 704
FZ

2

0607
03-25

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airbill
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Placing this label on this form is not required. Labels are available at the Post Office.

960910-60

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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Date of Receipt

USPS FIRST CLASS MAIL _____
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Postmark

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Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>03-24-11</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

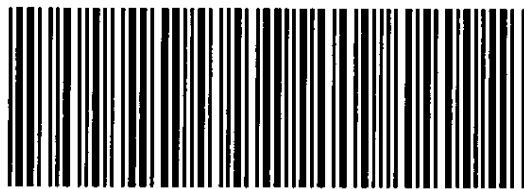
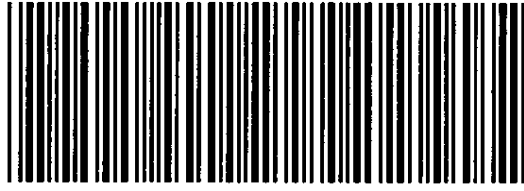
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Date of Receipt

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PREPARER RD DATE PREPARED 03-28-11

11020111040



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