

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER 2017 NOV 15 PM 1:50 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

P r i e s F o r C o n g r e s s

ADDRESS (number and street) 5 0 S . P r o v i d e n c e R o a d

(Check if address is changed)

M e d i a P A 1 9 0 6 3 CITY STATE 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

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

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

11 / 12 / 2017

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

11 / 12 / 2017

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.

Table with 5 columns and 1 row for 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)

NON-FEDERAL CAMPAIGN DISCLOSURE

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: M i c h a e l H P r i e s

Candidate Party Affiliation: REP Office Sought: House Senate President State: PA District: 15

- (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 _____

2017-11-15 AM 00:00:00

Write or Type Committee Name

Pries 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

L o u i s S c h i a z z a

Mailing Address

5 0 S P r o v i d e n c e R o a d

M e d i a P A 1 9 0 6 3

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 6 1 0 - 5 6 5 - 1 1 2 0

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

L o u i s S c h i a z z a

Mailing Address

5 0 S P r o v i d e n c e R o a d

M e d i a P A 1 9 0 6 3

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 6 1 0 - 5 6 5 - 1 1 2 0

2017-11-15 PM 00:00:00

Full Name of Designated Agent

P e t e r R B a r s z

Mailing Address

5 0 S P r o v i d e n c e R o a d

M e d i a P A 1 9 0 6 3

CITY

STATE

ZIP CODE

Title or Position

A s s i s t a n t T r e a s u r e r

Telephone number 6 1 0 - 5 6 5 - 1 1 2 0

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.

U n i t e d S a v i n g s B a n k

Mailing Address

3 5 E a s t B a l t i m o r e P i k e

M e d i a P A 1 9 0 6 3

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2011-11-15 00:00:00

RECEIVED
FEC MAIL CENTER

2017 NOV 15 PM 1:50

EX[®]
xpress

ORIGIN ID: BIGA (610) 565-1120
LOUIS SCHIAZZA, TREASURER
MERVES AMON & BARSZ LLC
50 SOUTH PROVIDENCE ROAD

SHIP DATE: 14NOV17
ACTWGT: 0.50 LB
CAD: 5294627/ANET3920

MEDIA, PA 19063
UNITED STATES US

BILL SENDER

TO

FEDERAL ELECTION COMMISSION
999 E STREET, N.W.

WASHINGTON DC 20463

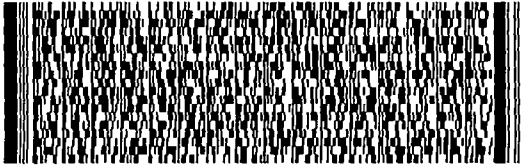
(202) 694-1000

REF: PRIES FOR CONGRESS

INV:

DEPT:

PO:



549.GFB77104C

WED - 15 NOV 3:00P

STANDARD OVERNIGHT

TRK# 7707 4378 6973
0201

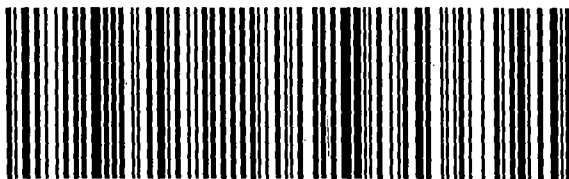
ASR

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IAD



692
9 15:00
697
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Extremely Urgent

Support

Locations

Printing Services

Tracking

Shipping

Ex.

SU

NOV 15 11:15 AM '17

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED-EX</i>	Shipping Date <i>11/14/2017</i>
Next Business Day Delivery	<input checked="" type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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<i>mf</i> PREPARER	<i>11/15/2017</i> DATE PREPARED
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2017-11-15 08:00:00