

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 MAY 7 AM 8:21

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

12FE4MFEC MAIL CENTER

ADDRESS (number and street) 206 E 2ND ST (Check if address is changed) MIND GAP CITY PA 19091 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) postmaster@dietzforcongress.com Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) www.dietzforcongress.com

2. DATE 04 / 23 / 2013

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 Lori Barth

Signature of Treasurer [Signature] Date 04 / 24 / 2013

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 06/2012)

13031064694

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 MATTHEW H. DIETZ

Candidate Party Affiliation REP Office Sought: House Senate President State PA District 17

- (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

MATTHEW DIETZ 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

LORI DIETZ

Mailing Address

206 E 2ND ST

Empty grid lines for address

WIND GAP PA 18091

Title or Position

CITY

STATE

ZIP CODE

BOOK KEEPER

Telephone number 610-216-6487

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

LORI BARTH

Mailing Address

206 E 2ND ST

Empty grid lines for address

WIND GAP PA 18091

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 610-392-7398

13031064696

Full Name of Designated Agent

ROBERT MARSH

Mailing Address

206 E ZIND ST

WIND GAP

CITY

PA

STATE

18091-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

484-899-3342

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.

PNC BANK

Mailing Address

4422 SOUTH MOUNTAIN WAY

EASTON

CITY

PA

STATE

18045-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031064697

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.

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

5/7/13
 DATE PREPARED

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