

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

FEB 28 2 47 PM '02  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: if typing, type  
over the lines.

12PB4M5

FEDERAL INDEPENDENT CAMPAIGN COMMITTEE

ADDRESS (number and street)

1828 S WABASH #290

(Check if address  
is changed)

CHICAGO

IL

60601-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

UNDCIAMO@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01 28 2002

3. FEC IDENTIFICATION NUMBER ▶

C00262923

4. IS THIS STATEMENT

NEW (N)

OR

X

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

AVIVA MIRIAM PATT

Signature of Treasurer

Date

01 28 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free: 800-424-9630  
Local: 202-694-1100

FEC FORM 1

(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

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

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

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

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Federal Independent Campaign Committee

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

Mailing Address

1528 S WABASH #290

CHICAGO

IL

60605

Title or Position

CITY

STATE

ZIP CODE

OFFICER

Telephone number

312-1939-5105

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

AVIVA MIRIAM PATI

Mailing Address

12719 N ALBANY

CHICAGO

IL

60647

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

Full Name of Designated Agent

PAUL BONICOLA

Mailing Address

1456 W EDGEWATER #3E

CHICAGO

IL

60664

Title or Position

CITY

STATE

ZIP CODE

CHAIRPERSON

Telephone number

g. **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.

LASALLE BANK

Mailing Address

1135 S LASALLE

CHICAGO

IL 60605

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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