Image# 13960821109				02/13/2013 13 : 58
FEC FORM 1	STATEMEN ORGANIZA		0#	
1. NAME OF	(Check if name	Example:If typing, type		ce Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
		GRESS		
1				
	PO Box 490844			· · · · · · · · · · · ·
ADDRESS (number and street)				
is changed)	Chicago			•
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	telly.lovelace@gmail.co	<b>)m</b>		<u>, , , , , , , , , </u>
	Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 02 / 1	D / Y Y Y Y 2013			
3. FEC IDENTIFICATION N	JMBER ► C co	00540708		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief in	t is true, correct and o	complete.
	Tollar 1			
Type or Print Name of Treasure	r Telly Lovelace			
Signature of Treasurer	Lovelace	[Electronically Filed]	Date 02	13 / Y Y Y Y 2013
NOTE: Submission of false, erron	eous, or incomplete information r ANY CHANGE IN INFORMATIO			enalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information bel	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	Complete the candidate
Name of Candidate	
Candidate Office Sought: X House Senate Presiden	t District 02
(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
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 committee. (i.e., nonconnected committee)	e segregated fund or party
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 committees/organizations, at least one of which is an authorized committee of a federal candidates and the committee of a federal cand the committee of a federal candidates and the c	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3. FEC ID number	
4 FEC ID number C	

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Write or Type Committee Name

## LENNY MCALLISTER FOR CONGRESS

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

Mailing Address																																					
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										CI	ΤY											S	бТА	ΤE						Z	IP	СС	DDI	E			
Relationship:	conneo	cted	Or	ganiz	zatio	on		Aff	iliat	ted	Co	omr	nitte	ee	C	Jo	oint	Fu	Indr	aisi	ing	Re	pre	ese	nta	tive	9		Le	ad	ers	ship	D P.	AC	Sp	on	sor
7. Custodian of Reco books and records.	rds: I	dent	ify	by n	nam	e, a	addi	res	s (p	oho	ne	nu	ımb	er	C	pti	ona	ıl) a	and	ро	siti	on	of	the	e pe	ers	on	in	ро	sse	ess	ion	1 0	fco	om	mitt	iee
	elly Lo	ovela	ace																																		
Full Name			.P.	О. В	ox 4	490	844																														
Mailing Address																																					
			C	hica:	go																	L	IL				60	)64 	.9				-[				
Title or Position										CI	ΤY											ST	AT	E						ZI	P	СС	DDE	Ē			
1 Treasurer													I																								

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).

Telephone number

Full Name of Treasurer	Telly Lovelace			
Mailing Address	P.O. Box 490844			
	Chicago		IL 606	49
		67		
	CITY	5	TATE	ZIP CODE

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Full Name of Designated Agent																		I										
Mailing Address																												
																					L							
								CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																												
												Tel	eph	ione	e ni	umt	ber											

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 B	ank		
Mailing Address	333 South State Street		
	Chicago		0604
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE