FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2011 NOV - 1 AM 8: 16 Printer Uses South CENTER					
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5					
Greg Aguilar	for Congress	<u></u>					
· · ·		<u></u>					
ADDRESS (number and str	1500 48th Ave						
(Check if addres is changed)	$\mathbb{E}_{\mathbf{i}} = \mathbf{E}_{\mathbf{i}} = $	IL 61244					
	CITY	STATE ZIP CODE					
COMMITTEE'S E-MAIL A	DDRESS (Please provide only one e-mail address)						
	greg@gregaguilarforcongres	ss.com					
(Check if addr is changed)	ress						
	┺╌╍╘╌╺╘╴╺╘╴╺╘╸╺┶╌╺┶╌╸╸ ╴	┈┚╴┧╴┧╴┥╴┥╴┥╼┖╼┖╼┖╼┖╼┖╼┶┶┙					
COMMITTEE'S WEB PAG							
	(Check if address						
is changed)							
2. DATE 10 [™]	´ 21° ´ 2011 `						
3. FEC IDENTIFICATION	ON NUMBER C 00501809						
4. IS THIS STATEMEN							
I certify that I have exami	ined this Statement and to the best of my knowledge and belief	it is true, correct and complete.					
Type or Print Name of Tre	easurer James M, Laird						
	(n.C.)						
Signature of Treasurer	YMA	_{Date} 10 [°] 21° 2011 [°]					
NOTE: Submission of false,	, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED						
Office Use Only	For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100						

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5.	TYPE	E OF C	OMMITTEE
	Can	didat e	Committee:
	(a)	\mathbf{X}	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 Cand	· .	Greg Aguilar
	Cand Party	م idate Affiliatio	on DEM Office Sought: House Senate President District 17
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Cand		
	Part	v Can	ımittee:
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.
	Poli	tical A	ction Committee (PAC):
	(e)	Π	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.)
	Join	t Fund	raising 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.
		Com	mittees 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

Greg Aguilar for Congress

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

·····						
Mailing Address						
		CITY	,		STATE	ZIP CODE
		0111			SIALE	ZIF CODE
Relationship:	d Organization			pint Fundraising		Leadership PAC Sponsor

	s M. Laird				لـــــــ
Mailing Address	3219 Magnolia Ct	<u> </u>			
			<u></u>		
			IA	52722	
Title or Position	CITY		STATE	ZIP CODE	
Campaign Manac	ger/Treasurer	Telephone n	umber [56	335510	<u> 69</u>

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 Jame	s M. Laird		<u> </u>	
Mailing Address	3219 Magnolia Ct			
			I IA	52722
Title or Position	CITY		STATE	ZIP CODE
	/ Treasurer	Telephone	number 56	3, <u>355, _</u> _1069 ,

Page	4
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	Full Name of Designated Agent	James	M. Laird			
	Mailing Address		3219 Magnolia Ct	1 1 1 1 1 1		
~	ί,					
			Bettendorf		LIA STATE	52722
	Title or Position Campaign N	Manager	/Treasurer	Telephone nur	nber 1563	[355,[1069,_]
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.					unds, holds accounts, rents
		Ascent	ra Credit Union			ليبينيني
	Mailing Address		1710 Grant St			
			Bettendorf	لسبي	IA	52722
			CITY		STATE	ZIP CODE
	Name of Bank, D	epository, e				
	Mailing Address			1 1 1 1 1 1		
			L			
			CITY		STATE	ZIP CODE

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USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
N	ext Business Day Delivery			
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Other (Specify):	Date of Receipt or Postmarked			
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