STATEMENT OF

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FEC FORM 1		Č	PRGANIZA	ATIOI	N				Of	fice Us	se Only	,		
1. NAME OF		П	(Check if name		e:If typing, ty	уре	12F	E4M!		100 00	Je Only			
KOS Servic		C PA	is changed) C	over the	e lines.									
ADDRESS (number a	.nd street)	350 No	rth Clark Street			1 1 1	1 1	1 1		1 1	I		1 1	,
【	address	Ste. 60 Chicag					IL		606	54	ZIP		DE A	
COMMITTEE'S E-MA	AIL ADDRES	SS												
★ (Check if a is changed) ★ (Check if a is		Optiona	kinnon@kosservi 	dress										
COMMITTEE'S WEB (Check if a is changed)	address	DRESS (U	JRL)											
2. DATE 0		D / Y	Y Y Y 2016											
3. FEC IDENTIFIC	CATION NU	JMBER	C c	00624502										
4. IS THIS STATEM	MENT	NEV	V (N) OR	×	AMENDED) (A)								
I certify that I have e	examined th	is Statem	ent and to the best	of my kno	wledge and b	pelief it is	s true,	correc	t and	com	olete.			
Type or Print Name	of Treasurer	MacKii	nnon, Brian, , ,											
Signature of Treasure	er <i>MacK</i>	innon, Bria	n, , ,	[El	ectronically Fil	<i>led]</i> [Date	0	M /	2	8 P	Y	2021	YYY
NOTE: Submission of			complete information							penal	ties of	2 U.	S.C. §	437g.
Office Use Only				Fe Tol	r further inform deral Election C I Free 800-424- cal 202-694-110	Commission 9530						DRN 06/20		

Local 202-694-1100

FEC Form	1 (Revised 02/2009)	Page 2
TYPE OF COM		
(a) T	his committee is a principal campaign committee. (Complete the candidate information below.	
	his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm	ittee: (National, State	(Democratic,
(d) T	his committee is a or subordinate) committee of the	Republican, etc.) Party
Political Acti	on Committee (PAC):	
(e) x T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
[Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (i.e., nonconnected committee)	egregated 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 Fundrai	sing Representative:	
_	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
CC	ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	
	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Commit	tees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3		
4.		

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		
KOS Services L	LC PAC	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
KOS Services LLC		
	350 North Clark Street	
Mailing Address	Ste. 600	
	Chicago IL 60654	
	Chicago	
	CITY STATE	ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
MacKinnor	n, Brian, , ,	
Full Name Mailing Address	350 North Clark Street	
J	Ste. 600	
	Chicago IL 60654	
Title or Position	CITY STATE	ZIP CODE
Treasurer		274 - 4523
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the national treasurer).	ame and address of
Full Name MacKinnor of Treasurer	ı, Brian, , ,	
Mailing Address	350 North Clark Street	
	Ste. 600	
	Chicago IL 60654	ZID CODE
Title or Position Treasurer	CITY STATE Telephone number 312	ZIP CODE 274

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank,		ius accounts, rents
safety deposit be	Depository, etc. Citibank	
safety deposit be	Depository, etc. Citibank 500 West Madison Street	ilus accounts, Terits
safety deposit be Name of Bank,	Depository, etc. Citibank 1500 West Madison Street	ilus accounts, Terits
safety deposit be Name of Bank,	Depository, etc. Citibank 500 West Madison Street	
safety deposit be Name of Bank,	Depository, etc. Citibank 500 West Madison Street 7th Floor Chicago IL 60661	
safety deposit be Name of Bank,	Depository, etc. Citibank 500 West Madison Street Chicago CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Citibank 500 West Madison Street 7th Floor Chicago CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Citibank 500 West Madison Street Chicago City STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Citibank 500 West Madison Street Chicago City STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Citibank 500 West Madison Street Chicago City STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Citibank 500 West Madison Street Chicago City STATE Depository, etc.	ZIP CODE