FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		INIZATION instructions)	l		Office use only
1. NAME OF COMMITTEE (in	(Check if stange)		le: If typying, type e lines	12FE4M5	Office use only
Duchossois In	ndustries PAC				
ADDRESS (number and	845 Larch Av	enue			
_					
(Check if addr is changed)	Elmhurst				60126
		CITY▲		STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI					,
					<u> </u>
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX N 6305306051	NUMBER				
2. DATE 1.2	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y			
3. FEC IDENTIFICA	ATION NUMBER	C C002	12308		
4. IS THIS STATEM	MENT X NEW (N)	OR	AMENDED (A)		
I certify that I have exami	ned this Statement and to the best	of my knowledge and l	pelief it is true, correct a	and complete	
Type or Print Name of	Treasurer Mr. Robe	rt L. Fealy			
Signature of Treasurer	Electronically Filed by Mr	. Robert L. Fealy		Date 12	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete inform				
Office Use Only		F	or further information ederal Election Commis oll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
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 information below.)	ne candidate
	Name of Candidate	
	Candidate Office House Senate President	State
	(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  X This committee is a separate segregated fund  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated	(Democratic, Republican,etc.) Party.
	committee.	Trulia or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	<u> </u>	
	Mailing Address	
	CITY STATE A	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organi	zation
	Membership Organization Trade Association Cooperative	

FEC Form 1 (Revised 02/20	03)		Page 3				
Write or Type Committee Name							
<b>Duchossois Industries PA</b>	С						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Mr. Robert L. Fealy							
Mailing Address	188 Poplar Avenue						
_	Elmhurst		60126				
Title or Position ♥	CITY A	STATE▲	ZIP CODE A				
		Telephone number					
name and address of any de	My Debest I Feels						
Mailing Address	188 Poplar Avenue						
_	Elmhurst		60126				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
		Telephone number					
Full Name of Designated Agent							
Mailing Address							
_							
Title or Position ♥	CITY A	STATE A	ZIP CODE A				
		Telephone number					

	FEC Form 1 (Rev	Ised 02/2003) Page 4
9.	Banks or Other Deposi safety deposit boxes or r	naintains funds.
	Name of Bank, Deposito	y, etc.
	L:	aSalle Bank
	Mailing Address	P. O. Box 87363
		Chicago IL 60680 _

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷