## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Carole Cheney for Congress PO Box 2948 ADDRESS (number and street) (Check if address is changed) Naperville 60567 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@cfoconsults.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2018 C00649962 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Joy, Holly, , , Type or Print Name of Treasurer Joy, Holly, , , [Electronically Filed] 01 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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 below	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	Complete the candidate
Name of Cheney, Carole, , , Candidate	
Candidate Office Party Affiliation DEM Sought: X House Senate President	State
Party Affiliation DEM Sought: X House Senate President	t District 06
(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 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 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 candidate.	
(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	
2. FEC ID number	
3.	
4.	

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
Carole Cheney	for Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
3		
	CITY STATE	ZIP CODE
	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: Ider books and records.</li> </ul>	tify by name, address (phone number optional) and position of the person in	possession of committee
Galvin, Bre	endan, , ,	
Mailing Address	One Park Row, 5th Floor	
Mailing Address		
	Providence RI 0290	)3
Title or Position	CITY STATE	ZIP CODE
Accountant	Telephone number	
. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name Joy, Holly, of Treasurer	,, 	
Mailing Address	PO Box 2948	
	Naperville IL 6056	27 ZIP CODE
Title or Position Treasurer		   -

FEC Form 1 (R	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Deposi	itory, etc.	olds accounts, rents
safety deposit boxes of Name of Bank, Deposi	ase  1188 N Eola Road	
Name of Bank, Deposi	r maintains funds. itory, etc.	
Name of Bank, Deposi	ase  1188 N Eola Road	
Name of Bank, Deposi	ase  1188 N Eola Road  Aurora  LL 6050  CITY  STATE	
Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi	r maintains funds. itory, etc.  1188 N Eola Road  Aurora  CITY  STATE  itory, etc.	
Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi	ase  1188 N Eola Road  Aurora  CITY  STATE	
Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi  Mailing Address	r maintains funds. itory, etc.  1188 N Eola Road  Aurora  CITY  STATE  itory, etc.	ZIP CODE