STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL [ ] (Check if name is changed)

Commission, Chicago [illegible]

(b) Number and Street Address [X] (Check if address is changed)

[illegible]

(c) City, State and ZIP Code

Arlington, Va. 22[illegible]

2. DATE [illegible] Jan 31, 1994

3. FEC IDENTIFICATION NUMBER

JAN 31 1 58 PM '94

4. IS THIS STATEMENT AN AMENDMENT? [X] YES [ ] NO

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 candidate information below.)

Name of Candidate | Candidate Party Affiliation | Office Sought | State/District

[ ] (c) This committee supports/opposes only one candidate [illegible] (name of candidate) and is NOT an authorized committee.

[ ] (d) This committee is a [illegible] (National, State or subordinate) committee of the [illegible] (Democratic, Republican, etc.) Party.

[ ] (e) This committee is a separate segregated fund

[X] (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization [ ] Membership Organization [ ] Trade Association [ ] Cooperative

7. **Custodian of Records:** Identify by name, address (phone number optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Kenneth Bochan	[illegible]	Treasurer

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	Mailing Address	Title or Position
Kenneth Bochan	[illegible]	Treasurer

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.	Mailing Address and ZIP Code
Central National Bank	[illegible] St, NW, Washington DC [illegible]

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER: Kenneth Bochan

SIGNATURE OF TREASURER: [illegible]

DATE: Jan 3[illegible], 1994

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑ Hand Delivered	DATE OF RECEIPT 1/31/94
☐ First Class Mail	POSTMARKED
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☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House Office of Records and Registration	DATE OF RECEIPT
☐ Received from the Senate Office of Public Records	DATE OF RECEIPT
☐ Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MMR
PREPARER

1/31/94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 7 6 1 4 3 6