FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED 72011 OCT 12 AM 8: 15

|                                    |                               |  | δ                    | ITTGGUS MOAVIL CENTER           |
|------------------------------------|-------------------------------|--|----------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full)     | (Check if name is changed)    | Example:If typing, type over the lines.  | 12FE4M5              |                                 |
| Ruscitti for Cong                  | ress                          |  |                      |                                 |
|                                    |                               |  | 11111                |                                 |
| ADDRESS (number and street)        | PO Box 482                    |  |                      |                                 |
| (Check if address is changed)      | Bloomingdale                  |  | IL 6                 | 0108                            |
|                                    | r                             | CITY   | STATE                | ZIP CODE                        |
| COMMITTEE'S E-MAIL ADDRES          | SS (Please provide only one e | -mail address)   |                      |                                 |
|                                    | RuscittiForCo                 | ngress@gmail.d   | om                   |                                 |
| (Check if address is changed)      |                               |  |                      |                                 |
| COMMITTEE'S WEB PAGE ADD           | DRESS (URL)                   |  |                      | ,                               |
| (Check if address is changed)      | www.RuscittiF                 | orCongress.cor   | <b>m</b>             |                                 |
| 2. DATE 10 7                       | °′ 2011                       |  |                      |                                 |
| 3. FEC IDENTIFICATION NU           | UMBER C                       |  |                      |                                 |
| 4. IS THIS STATEMENT               | NEW (N) OR                    | AMENDED (A)  |                      |                                 |
| I certify that I have examined the | is Statement and to the best  | of my knowledge and belief it  | is true, correct and | d complete.                     |
| Type or Print Name of Treasurer    | Gwen S. Her                   | nry  |                      |                                 |
| Signature of Treasurer             | war S. Harr                   | <b>&gt;</b>  | Date 10 <sup>™</sup> | ′ 07° ′ 20′11 ′                 |
| NOTE: Submission of false, errone  |                               | may subject the person signing to  |                      | penalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only              |                               | For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 |                      | FEC FORM 1<br>(Revised 02/2009) |

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|----|-----------------|--------------------|---|--|--|--|--|--|
|    |                 |                    | MMITTEE   |  |  |  |  |  |
| (  | Cano            |                    | Committae:  |  |  |  |  |  |
| (a | a)              | X                  | This committee is a principal campaign committee. (Complete the candidate information below.)   |  |  |  |  |  |
| (t | b)              |                    | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)   |  |  |  |  |  |
|    | Name<br>Candid  |                    |   | 11111111                                 |  |  |  |  |
|    | Candio<br>Party | date<br>Affiliatio | Office Sought: House Senate President   | State                                    |  |  |  |  |
| (0 | c)              | П                  | This committee supports/opposes only one candidate, and is NOT an authorized committee.   | District                                 |  |  |  |  |
|    | Name<br>Candi   |                    |   |  |  |  |  |  |
| F  | Party           | y Com              | mittee:   |  |  |  |  |  |
| (0 | d)              |                    | (National, State This committee is a or subordinate) committee of the   | (Democratic,<br>Republican, etc.) Party. |  |  |  |  |
| P  | Polit           | ical A             | etion Committee (PAC):  |  |  |  |  |  |
| (6 | θ)              |                    | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co   | nnected organization is a                |  |  |  |  |
|    |                 |                    | Corporation Corporation w/o Capital Stock   | Labor Organization                       |  |  |  |  |
|    |                 |                    | Membership Organization Trade Association   | Cooperative                              |  |  |  |  |
|    |                 |                    | In aridition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |
| (1 | f)              |                    | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa 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.)  |  |  |  |  |  |
| J  | oint            | Fund               | raising Representative:   |  |  |  |  |  |
| (g | 3)              |                    | 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 fedgral candidate | two or more political                    |  |  |  |  |
| (h | 1)              |                    | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.      | wo or more political                     |  |  |  |  |
|    |                 | Com                | nittees Participating in Joint Fundraiser   |  |  |  |  |  |
|    |                 | 1.                 | FEC ID number C   |  |  |  |  |  |
|    |                 | 2.                 | IFEC ID number C  |  |  |  |  |  |
|    |                 | 3.                 | FEC ID number C   |  |  |  |  |  |
|    |                 | 4.                 |   |  |  |  |  |  |

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|---|--|--------------------------------|--|--|--|--|
| Write or Type Committee   |  | i ayo 🗸                        |  |  |  |  |
| Ruscitti for C  |  |                                |  |  |  |  |
|   | ected Organization, Affiliated Committee, Joint Fundraising Representative                             | e. or Leadership PAC Sponsor   |  |  |  |  |
|   |  | -,                             |  |  |  |  |
|   |  |                                |  |  |  |  |
|   |  |                                |  |  |  |  |
| Mailing Address   |  |                                |  |  |  |  |
|   |  |                                |  |  |  |  |
|   |  |                                |  |  |  |  |
|   | CITY STATE   | ZIP CODE                       |  |  |  |  |
| Relationship: Co  | nnected Organization Affiliated Committee Joint Fundraising Represer                                   | ntative Leadership PAC Sponso  |  |  |  |  |
| постольный |  |                                |  |  |  |  |
| Mailing Address   | wen S. Henry  Dugan & Lopatka  104 E. Roosevelt Rd  Wheaton  | 60187                          |  |  |  |  |
| Title or Position   | CITY STATE   | ZIP CODE                       |  |  |  |  |
| Treasurer   | Telephone number   | <u> </u>                       |  |  |  |  |
| <del>,</del>  |  |                                |  |  |  |  |
|   | ame and address (phone number optional) of the treasurer of the committed (e.g., assistant treasurer). | e; and the name and address of |  |  |  |  |
| Full Name of Treasurer  | wen S. Henry   |                                |  |  |  |  |
| Mailing Address   | Dugan & Lopatka  | ¡Dugan & Lopatka               |  |  |  |  |
|   | 104 E. Roosevelt Rd  | 104 E. Roosevelt Rd            |  |  |  |  |
|   | Wheaton , , , , , , , , , , , , , , , , , , ,  | 60187                          |  |  |  |  |
| -   | CITY STATE   | ZIP CODE                       |  |  |  |  |
| Title or Position   | Telephone number   | 630-665-4440                   |  |  |  |  |

9.

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|--|-------------|------------------|--|--|--|
|  |             |                  |  |  |  |
| Full Name of<br>Designated<br>Agent  | <u> </u>    |                  |  |  |  |
| Mailing Address  |             | <u> </u>         | <u> </u>                                       |  |  |
|  |             |                  |  |  |  |
|  | CITY        | STATE            | ZIP CODE                                       |  |  |
| Title or Position  |             | Telephone number | <u></u>  |  |  |
| 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.  JPMorgan Chase Bank N.A.  Mailing Address  7501 Lemont Road |             |                  |  |  |  |
|  |             |                  | <u>:                                      </u> |  |  |
|  | [Woodridge  | <u> </u>         | 60517  |  |  |
|  | CITY        | STATE            | ZIP CODE                                       |  |  |
| Name of Bank, Depository   | , etc.      |                  |  |  |  |
| <u> </u>   |             |                  |  |  |  |
| Mailing Address  |             |                  |  |  |  |
|  |             |                  |  |  |  |
|  | <u> </u>    |                  |  |  |  |
|  | CITY        | STATE            | ZIP CODE                                       |  |  |

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