Image#	29992466471
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in t	ull) (Check if name Example: If typying, type over the lines	12FE4M5
Ethan Hastert	for Congress Committee	
ADDRESS (number and s	treet)	
(Check if address is changed)	Geneva	IL 60134
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	bradypatrick@hotmail.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
 2. DATE 0.7 3. FEC IDENTIFICA 4. IS THIS STATEM 	0 9 2 0 0 9 TION NUMBER C C00463265	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	l complete
Type or Print Name of	Treasurer Larry Nelson	
Signature of Treasurer	Electronically Filed by Larry Nelson	Date 07 / 17 / Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

FEC	Form 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE (Check One)	
Candidate	Committee:	
(a) X	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 information below.)	e the candidate
Name of Candidate	Ethan Allen Hastert	
Candidate Party Affilia	ation Office X House Senate President	State IL District 14
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	cted organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
		Cooperative
(f)	In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Co	mmittees Participating in Joint Fundraiser	
	1 FEC ID number	
	2 FEC ID number	
	3 FEC ID number	
	4.	

FEC Form 1 (Revised 02/2009)	F
Write or Type Committee Name	

Ethan Hastert for Congress Committee

		nization, Affiliated Committee, Joint Fund		,	lership PAC Spon	
Mailing Address	l					
-				1 1 1		
	l			L L		
		CITY	STAT	E	ZIP CODI	
Relationship:	Organization	Affiliated Committee Joint	Fundraising Representa	tive	Leadership PAC	Sponsor
possession of C		tify by name, address, (phone number ooks and records. Brady	optional), and pos	ition of t	the person in	
Full Name		874 Green Bay				
Mailing Address	-					
	-	Suite 230				
		Winnetka	IL		60093 _	
	-					
Title or Position ♥	,	CITY A	STAT	E₽	ZIP COD	= A
Title or Position ¥	,		STAT	E ▲ 312	ZIP COD	≣ ∆ 1340
3. Treasurer: List	the name ar	nd address (phone number optional) lesignated agent (e.g., assistant treasu	Telephone number of the treasurer of th	312	953	
 Treasurer: List name and addr Full Name 	the name ar ress of any c	nd address (phone number optional) lesignated agent (e.g., assistant treasu	Telephone number of the treasurer of th	312	953	
3. Treasurer: List name and addr Full Name of Treasurer	the name ar ress of any c	nd address (phone number optional) lesignated agent (e.g., assistant treasu	Telephone number of the treasurer of th	312	953	
3. Treasurer: List name and addr Full Name of Treasurer	the name ar ress of any c 	nd address (phone number optional) esignated agent (e.g., assistant treasu Ison 3707 Laurie Lane	Telephone number of the treasurer of th rer).	312 e comm	953	1340

FEC Form 1 (Revis	sed 02/2009)			Page	
Full Name of Designated Agent	John Fahy				
Mailing Address	605 South 3rd Street				
	West Dundee	IL		60118 – _	
Title or Position ▼	CITY A	STAT	E A		
Deputy	v Treasurer	Telephone number	847	337	8362
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. astle Bank	ch the committee deposi	ts funds, ho	olds accounts, rent	s
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. astle Bank 141 W. Lincoln Hwy. Dekalb				:s
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. astle Bank		ts funds, ho	Dids accounts, rent	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. astle Bank 141 W. Lincoln Hwy. 141 W. Lincoln Hwy. Dekalb CITY A			 60115	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. astle Bank 141 W. Lincoln Hwy. 141 W. Lincoln Hwy. Dekalb CITY A			 60115	
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safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. 141 W. Lincoln Hwy. 141 W. Lincoln Hwy. Dekalb CITY		 ► TE	60115 60115 ZIP CODE	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. 141 W. Lincoln Hwy. 141 W. Lincoln Hwy. Dekalb CITY		 ► TE	60115 60115 ZIP CODE	

Page	e 5
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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.			[ADDITIONAL]
Wachow	/ia └		
Mailing Address	301 S. College Street		
	Charlotte	NC	28228
	CITY 🗖	STATE ⊿	ZIP CODE 🔺
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Repre	esentative, or Lead	[ADDITIONAL]
Mailing Address			
		J LLJ l	
elationship:	CITY	STATE 🛦	
Connected Organization	Affiliated Committee Joint Fundraising Repr	esentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			=
Title or Position ♥	CITY A	STATE	
	Telephor	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	CID number	