PAGE 1/5 =

STATEMENT OF **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. Illinois Political Active Letter Carriers P.O. Box 7008 ADDRESS (number and street) (Check if address is changed) Rock Island 61204 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nalc292@hotmail.com (Check if address is changed) Optional Second E-Mail Address nalc1197@frontier.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00264689 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Bultinck, Tony, , , Type or Print Name of Treasurer Bultinck, Tony, , , [Electronically Filed] 02 2020 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 Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · ·	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEO Farm 1 (Paris et 03/000)	,
FEC Form 1 (Revised 02/2009) Page Write or Type Committee Name	<u> </u>
Illinois Political Active Letter Carriers	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp	onsor
Illinois Political Active Letter Carriers	
P.O. Box 7008	
Mailing Address	
Rock Island IL 61204	
CITY STATE ZIP CODE	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA	C Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records. 	committee
Full Name	
Mailing Address	
Title or Position CITY STATE ZIP CODE	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	lress of
Full Name Bultinck, Tony, , , of Treasurer	
Mailing Address [2954 8th St	
Moline IL 61255	
CITY STATE ZIP CODE Title or Position	
Telephone number 309 - 292	0618

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Full Name of Designated Agent		, , , , , , , , , , , , , , , , , , ,
Mailing Address		
J		
	CITY STATE	ZIP CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, ho exes or maintains funds. Depository, etc. Bank of America P.O. Box 25118	LIST SECONTION, TOTALS
	Tampa FL 33622	2-5118
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
-		
J		
5		

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig ranticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
•	Organization, Affiliated Committee, Joint Fundr	• .	•
Mailing Address	100 INDIANA AVE. N. W.		
	WASHINGTON	DC.	20001
	WASHINGTON	DC DC	20001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identification	d Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC S
Connecte	d Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	d Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identification	d Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identification	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY		
connected esignated Agent: Identification of the position of t	Affiliated Committee Joint Joint Joint Affiliated Committee Joint Very by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint Joint Joint Affiliated Committee Joint Very by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
connected esignated Agent: Identification of the position of t	Affiliated Committee Joint Joint Joint Affiliated Committee Joint Very by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A