FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 ORGANIZATION				
	(See ins	tructions)	Office use only	
1. NAME OF COMMITTEE (in	full) (Check if nai is changed)	me Example: If typying, type over the lines	12FE4M5	
ATTORNEYS'	TITLE GUARANTY FUND IN	Ç FEDERAL POLITICAL AÇTIC	ON COMMITTEE	Ш
				لـــا
ADDRESS (number and	street) 2408 WINDSOR	PLACE		Ш
(Check if add				Ш
is changed)	CHAMPAIGN		IL	Ш
COMMITTEE'S E-MA	AIL ADDRESS	CITY▲	STATE▲ ZIP CODE ▲	
mbrandt@atg	f.com			. 1
		1 1 1 1 1 1 1 1 1 1 1 1		_ _
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
				Ш
				Ш
	M / D D / Y Y Y Y	l		
3. FEC IDENTIFICA	2 28 2006 ATION NUMBER	C C00301424		
4. IS THIS STATE!		OR AMENDED (A)		
I certify that I have exam	nined this Statement and to the best of	my knowledge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer Michael K.	Brandt		
Signature of Treasure	r Electronically Filed by Mich	ael K. Brandt	Date 12 / 28 / Y Y Y O	6
NOTE: Submission of fa		ion may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS	_
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953 Local 202-694-1100	nission FEC FORM 1	_

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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 car information below.)	ndidate				
	Name of Candidate					
	Party Affiliation Sought: House Senate President	State				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
		nocratic, ublican,etc.) Party.				
6. 	Name of Any Connected Organization or Affiliated Committee Attorneys' Title Guaranty Fund					
L						
	Mailing Address P. O. Box 9136 .					
	Champaign IL 618	26 _ 9136				
	CITY STATE Z	P CODE A				
	Relationship Connected					
	Type of Connected Organization:					
	X Corporation Corporation w/o Capital Stock Labor Organization	1				
	Membership Organization Trade Association Cooperative					

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Write or Type Committee Name

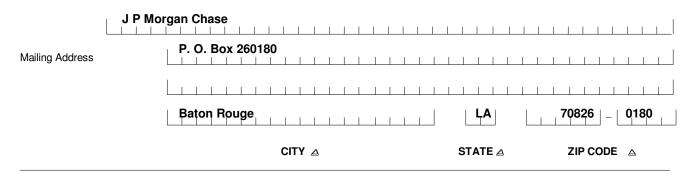
TTORNEYS' TITI	F GIIARANTY F	LIND INC FEDERAL	POLITICAL	ACTION COMMITTEE

	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.						
Full Name Michael I	Michael K. Brandt Full Name						
Mailing Address	P. O. Box 9136						
-	Champaign	_IL	61826 _ 9136				
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲				
Treasurer		Telephone number	2000				
rame and address of any definition of Treasurer Michael I			nittee; and the				
Mailing Address _	P. O. Box 9136						
_							
-	Champaign	IL_	61826 _ 9136				
- Title or Position ♥	Champaign CITY ▲	ILSTATE▲	61826 - 9136 ZIP CODE ▲				
Title or Position ♥ Treasurer			ZIP CODE ▲				
		STATE ∆	ZIP CODE A				
Treasurer Full Name of Designated		STATE ∆	ZIP CODE ▲				
Treasurer Full Name of Designated Agent		STATE ∆	ZIP CODE A				

FFC	Form 1	(Revised	02/2003)

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.



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