## 3031074606

FEC FORM 1

## STATEMENT OF ORGANIZATION

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| NAME OF     COMM!TTEE (in full)   | (Check if name is changed)       | Example:If typing, type over the lines.  | 12FE4M5 FEC MAIL CENTER        |  |
|---|----------------------------------|--|--------------------------------|--|
| Erika foru  | Cioinigirieisisi                 |  |                                |  |
|   |                                  |  |                                |  |
| ADDRESS (number and street)   | 1P1010111B101X1                  | 368  |                                |  |
| <ul><li> <b>(Check if address is changed)</b></li></ul>   |                                  |  |                                |  |
|   | Urbana :                         |  | STATE A ZIP CODE A             |  |
| COMMITTEE'S E-MAIL ADDRE  | ss                               |  |                                |  |
| (Check if address is changed)   | Coptional Second E-Mail Add      | . 1  | a.i.lcom                       |  |
| COMMITTEE'S WEB PAGE AD  (Check if address is changed)  | DRESS (URL)<br>Lerrizkiazhiazrio | ld.o.c.o.m   |                                |  |
| 2. DATE 05 3  | o'žŏĭš                           | •  |                                |  |
| 3. FEC IDENTIFICATION N   | JMBER ▶ C                        |  | ·                              |  |
| 4. IS THIS STATEMENT  | NEW (N) OR                       | AMENDED (A)  |                                |  |
| I certify that I have examined the  | nis Statement and to the best    | of my knowledge and belief it  | is true, correct and complete. |  |
| Type or Print Name of Treasure  | D. 500T                          | T Reichard   |                                |  |
| Signature of Treasurer  | Nowhard                          |  | Date 04 10 2013                |  |
| 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<br>Use<br>Only   |                                  | For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 |                                |  |

| TYPE OF CO                    | OMMITTEE Committee:                             |                                    |                       |                                  |  |                                       |                                   |         |
|-------------------------------|---|------------------------------------|-----------------------|----------------------------------|--|---------------------------------------|-----------------------------------|---------|
| (a) X                         | This committee is a pr                          | incipal campai                     | ign comi              | mittee. (Comp                    | lete the candidate i                     | information below                     | 2.)                               |         |
| (b)                           | This committee is an a information below.)      | uthorized con                      | nmittee,              | and is NOT a                     | principal campaign                       | o committee. (Cor                     | nplete the candidat               | е       |
| Name of<br>Candidate          | Erika   | Vatal                              | <u>i L</u>            | -10 Wit 5                        | e, Hario                                 | 1d                                    |                                   |         |
| Candidate<br>Party Affiliatio | n Rep   | Office<br>Sought:                  | X                     | House                            | Senate                                   | President                             | State District                    | IL<br>3 |
| (c)                           | This committee suppor                           | ts/opposes on                      | ly one c              | andidate, and                    | is NOT an authori                        | zed committee.                        |                                   |         |
| Name of<br>Candidate          |   |                                    |                       |                                  |  |                                       |                                   |         |
| Party Com                     | mittee:   |                                    |                       |                                  |  |                                       |                                   |         |
| (d)                           | This committee is a                             |                                    |                       | tional, State<br>subordinate) co | ommittee of the                          |                                       | (Democratic,<br>Republican, etc.) | Party.  |
| Political Ad                  | ction Committee (P                              | AC):                               |                       |                                  |  |                                       |                                   |         |
| (e)                           | This committee is a se                          | parate segreg                      | ated fun              | d. (Identify co                  | nnected organizatio                      | n on line 6.) Its co                  | nnected organizatio               | n is a: |
|                               | Corporation                                     |                                    |                       | Corpora                          | ation w/o Capital Si                     | tock                                  | Labor Organizat                   | ion     |
|                               | Membership C                                    | rganization                        |                       | Træde A                          | Association                              |                                       | Cooperative                       |         |
|                               | in addit  | ion, this comm                     | ittee is a            | Lobbyist/Reg                     | istrant PAC.                             |                                       |                                   |         |
| <b>(f)</b>                    | This committee suppor                           |                                    |                       | one Federal                      | candidate, and is f                      | NOT a separate s                      | segregated fund or                | party   |
|                               | In addition, this                               | committee is a                     | Lobbyie               | st/Registrant P                  | AC.                                      |                                       |                                   |         |
|                               | In addition, this                               | committee is a                     | Leader:               | ship PAC. (Ide                   | ntify sponsor on line                    | 9 6.)                                 |                                   |         |
| Joint Fund                    | raising Representa                              | tive:                              |                       |                                  |  |                                       |                                   |         |
| (g)                           | This committee collects committees/organization | contributions,<br>ns, at least one | pays fun<br>a of whic | draising expe<br>h is an authori | nses and disburses<br>zed committee of a | net proceeds for<br>federal candidate | two or more political             |         |
| h)                            | This committee collects committees/organization |                                    |                       |                                  |  |                                       | wo or more political              |         |
| Comr                          | nittees Participating i                         | n Jaint Fund                       | raiser                |                                  |  |                                       |                                   |         |
| 1.                            |   |                                    |                       |                                  | FEC ID n                                 | umber C                               |                                   |         |
| 2.                            |   |                                    |                       |                                  | PEC ID n                                 | umber C                               |                                   |         |
| 3.                            |   |                                    |                       |                                  | FEC ID n                                 | umber C                               |                                   |         |
| 4.                            | 1   |                                    |                       |                                  | FEC ID no                                | umber <b>C</b>                        |                                   |         |

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|---|--|----------------------|
| Write or Type Committee N                           |  |                      |
| 6. Name of Any Connect                              | ted Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh                            | nip PAC Sponsor      |
|   |  |                      |
|   |  |                      |
| Mailing Address                                     |  |                      |
|   |  |                      |
|   |  |                      |
|   | CITY STATE   | ZIP CODE             |
| Relationship: Conn                                  | nected Organization Affiliated Committee Joint Fundraising Representative Lea                                    | adership PAC Sponsor |
| 7. Custodian of Records:<br>books and records.      | : Identify by name, address (phone number optional) and position of the person in pos                            | session of committee |
| Full Name   | shua Horn  |                      |
| Mailing Address                                     | 4.09 N. CONDIT SIT   |                      |
|   |  |                      |
|   | TOLONO IF4 618   | 80-                  |
| Title or Position                                   | CITY STATE   | ZIP CODE             |
| $C_1u_1s_1f_1o_1d_1:a$                              | Telephone number [2,1,7]-[3]   | 51-[2073]            |
| 8. Treasurer: List the name any designated agent (e | ne and address (phone number optional) of the treasurer of the committee; and the nare.g., assistant treasurer). | me and address of    |
| Full Name of Treasurer                              | , Sicioititi iRieilicihiairidi , , , , , , , , , , , , , , , , , ,   |                      |
| Mailing Address                                     | 1107 Mejaidow Dirilivie  |                      |
|   |  |                      |
| •. /  |  | OU - LUI             |
| Title or Position                                   | 7 Telephone number 2171-6  | 93-14250             |

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|--|----------------------|-------------|---------------|
|  |                      |             |               |
| Full Name of Designated Agent                        |                      | 1111111     |               |
| Mailing Address                                      |                      |             |               |
|  |                      |             |               |
|  |                      | ا ليا ليـ   |               |
| Title or Position                                    | CITY                 | STATE       | ZIP CODE      |
| The or Position                                      | Telep                | hone number | <b></b>       |
| safety deposit boxes or n<br>Name of Bank, Depositor | ry, etc.             |             |               |
| Mailing Address                                      | Siery Bank 1 1 1 St. |             |               |
|  |                      |             |               |
|  | (U.r.b.a.n.a.        | LI IL I     | 6.1.8.011-    |
|  | CITY                 | STATE       | ZIP CODE      |
| Name of Bank, Depositor                              | ry, etc.             |             |               |
| 1  |                      |             |               |
| Mailing Address                                      |                      |             |               |
|  |                      |             |               |
|  |                      | ا ليا لي    | <u> </u>      |
|  | CITY                 | STATE       | ZIP CODE      |

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(3/2005)