STATEMENT OF

RECEIVED 2012 NOV 13 PM 12: 21

FEC				FOIL MOA 19 11/15.5	
FORM 1		ORGANIZ	ATION		FEC MAIL CENTE
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
ILLINOIS (ÇQŅĢ	RESSIONAL (CAUCUS	<u></u>	
	<u> </u>				
ADDRESS (number a	ind street)	P. O. BOX 39	98716	 	
(Check if a is changed		MIAMI BEAC	H	FL	33239
			CITY	STATE	ZIP CODE
COMMITTEE'S E-M/ (Check if is change	address	SS (Please provide only one UScongressi	e-mail address) onalCaucuses@)gmail.co	<u>m</u>
COMMITTEE'S WEE	PAGE AD	DRESS (URL)			
(Check if is change					
2. DATE 11	l [™] ′ 8	°′ 2012			
3. FEC IDENTIFIE	CATION N	JMBER C			
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have Type or Print Name		JERRY MC	st of my knowledge and belief i	it is true, correct	and complete.
Signature of Treasur	er <u> </u>	Jany M Ken	4	Date 11 th	′ 08° ′ 2012 `
NOTE: Submission of	false, errond		may subject the persontisigning		the penalties of 2 U.S.C. §437g.
Office Use Only			For further Information (Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	rm 1 (Revised 02/2009)	Page 2			
TYPE OF C	OMMITTEE e Committee:				
(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. (Con information below.)	nplete the candidate			
Name of Candidate					
Candidate Party Affiliati	on Sought: House Senate President	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Con		_			
(d)	(National, State This committee is a 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 co	nnected organization is a:			
	Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(n) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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	Iraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal cardidate.				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.				
Com	mittees Participating in Joint Fundraiser				
1.					
2.	FEC ID number C				
3.	FEC ID number C				
4					

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Write or Type Committee Name				
ILLINOIS CONG	RESSIONAL CAUCUS) 		
6. Name or Any Connected C	rganization, Affiliated Committee, Joint'Fu	ndrafsing Represent	ative, or Leadershi	p PAC Sponsor
NONE	<u> </u>	1 1 1 1 1 1	11111	<u> </u>
			11111	
Mailing Address				
			11111	
			1 1	. I_I I
	CITY	STA	TE Z	IP CODE
Relationship: Connected	Organization Affiliated Committee Jo	oint Fundraising Repro	esentative Lead	ership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number - option	onal) and position of	the person in poss	ession of committee
Full Name JERR	Y MCKENDY			
Mailing Address	P. O. BOX 398716		· · · · · · · · · · · · · · · · · · ·	
Maining Address	1			
	MIAMI BEACH	(F I	_ 33239	
Title or Position	СПУ	STAT		IP CODE
Tide of Feetiness	OITT	J.A.		II OODL
CFO		Telephone number	305 _ 76	1[5546]
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the tassistant treasurer).	treasurer of the comm	nittee; and the nam	e and address of
Full Name JERR of Treasurer	Y MCKENDY	11111		
Mailing Address	P. O. BOX 398716			
		<u> </u>		
	MIAMI BEACH	<u> </u>	_ 33239	
Title or Position	CITY	STAT	E Z	P CODE
TREASURER		Telephone number	305 _ 76	5546

	m 1 (Hevised	1 0 2 / 2009)		Page 4
Full Name of Designated				
Agent				
Mailing Address				
				\
		CITY	STATE	ZIP CODE
Title or Position			•	
			elephone number	
safety deposit b	oxes or main		the committee deposits	tunds, holds accounts, rents
safety deposit b	oxes or main Depository, e	tains funds. etc.	the committee deposits	tunds, noids accounts, rents
safety deposit b Name of Bank,	oxes or main Depository, e	tains funds.	the committee deposits	Tunds, noids accounts, rents
safety deposit b Name of Bank,	oxes or main Depository, e	tains funds. etc.	the committee deposits	Tunds, noids accounts, rents
safety deposit b Name of Bank,	oxes or main Depository, e	tains funds. etc.	the committee deposits	Tunds, noids accounts, rents
safety deposit b Name of Bank,	oxes or main Depository, e	tains funds. E BANK 1801, ALTON, ROAD	the committee deposits	
safety deposit b Name of Bank,	oxes or main Depository, e	tains funds. E BANK 1801 ALTON ROAD MIAMI BEACH CITY		33139 -
safety deposit b Name of Bank, Mailing Address	oxes or main Depository, e	tains funds. E BANK 1801 ALTON ROAD MIAMI BEACH CITY		33139 -
safety deposit b Name of Bank, Mailing Address	oxes or main Depository, e	tains funds. E BANK 1801 ALTON ROAD MIAMI BEACH CITY		33139 -
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safety deposit b Name of Bank, Mailing Address Name of Bank,	oxes or main Depository, e	tains funds. E BANK 1801 ALTON ROAD MIAMI BEACH CITY		33139 -
safety deposit b Name of Bank, Mailing Address Name of Bank,	oxes or main Depository, e CHASI	tains funds. E BANK 1801 ALTON ROAD MIAMI BEACH CITY		33139

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
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USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confi	rmation' Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PY	11/30/2012
PREPARER (3/2005)	DATE PREPARED
(3/2003)	