FEC

STATEMENT OF

RECEIVED

FORM 1		ORGANIZ	ATION	ZUIZ MAY 2	21 AM 7: 07
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	IL CEMIER
Rohl for Co	pngres	S			
ADDRESS (number a	nd street)	3735 E. 1453	rd Rd.		
(Check if action is changed)		Ottawa			61350
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one e			
COMMITTEE'S WEB	address	ress (URL) [rohlforcongre	\$\$. co m		
2. DATE 05	5 ′ 8	1012			
3. FEC IDENTIFIC	CATION NU	мвек С			
4. IS THIS STATE	MENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have a Type or Print Name	of Treasurer	Tom Ganiere	t of my knowledge and belief	t it is true, correct	and complete.
NOTE: Submission of			rnay subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commi- Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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	COMMITTEE	
(a) X	Committee: 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	•
Name of	information below.)	
Candidate	Wanda Rohl	
Candidate Party Affiliat	ion Dem Office Sought: X House Senate President	State IL
_		District 16
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee:	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 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	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal carefidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	
(1)	committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	i San San San San San San San San San San
2.	FEC ID number	
3.	FEC ID number C	s. n. s. n. c
4.		Kasaka safaranii antinantiinaa
	Produce the second	kasaniana hamilarah mumbil

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Write or Type Committee Nam	e	
Rohl for Congre	ess	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative	, or Leadership PAC Sponsor
Mono		
[None		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the p	person in possession of committee
Full Name Tom	Ganiere	
Mailing Address	PO Box 2392	
	Ottawa	₁ 61350 ₁₋₁
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 8	15, -[433, -[4457
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Tom	Ganiere, , , , , , , , , , , , , , , , , , ,	
Mailing Address	PO Box 2392	
Mailing Address		
	Ottawa	16,1350 . 1_1
	CITY STATE	ZIP CODE
Title or Position	JANE .	
	Telephone number	

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			<u> </u>	-
Full Name of Designated Agent				<u> </u>
Mailing Address				
	CITY S'	TATE	ZIP COD	<u> </u>
Title or Position		,		•
	Telephone numbe	er <u>L.</u>	<u>.</u>	
Banks or Other Depo safety deposit boxes of Name of Bank, Deposi		deposits fu	unds, holds account	s, rents
safety deposit boxes of Name of Bank, Deposi	r maintains funds.	deposits fu	inds, holds account	s, rents
Name of Bank, Deposi	r maintains funds. itory, etc. kelite Ottawa Plastics Credit Union, [3,11 E., Joliet St.,			s, rents
Name of Bank, Deposi	r maintains funds. itory, etc. kelite Ottawa Plastics Credit Union, [3,11 E., Joliet St.,	deposits fu	inds, holds account	s, rents
Name of Bank, Deposi	r maintains funds. itory, etc. kelite Ottawa Plastics Credit Union, [3,11 E. Joliet St.] Ottawa			
Name of Bank, Deposi	r maintains funds. itory, etc. kelite Ottawa Plastics Credit Union, [3,11 E. Joliet St.] Ottawa CITY s	- - - - - - - - - ₄	[6,1350]	
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safety deposit boxes of Name of Bank, Deposition Bank, De	r maintains funds. itory, etc. kelite Ottawa Plastics Credit Union, [3,11 E. Joliet St.] Ottawa CITY s	- - - - - - - - - ₄	[61350] - ZIP COL	L L L L
Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition	r maintains funds. itory, etc. kelite Ottawa Plastics Credit Union, [3,11 EJoliet St Ottawa CITY S itory, etc.	- - - - - - - - - ₄	[61350] - ZIP COL	L L L L
Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition	r maintains funds. itory, etc. kelite Ottawa Plastics Credit Union, [3,11 EJoliet St Ottawa CITY S itory, etc.	- - - - - - - - - ₄	[61350] - ZIP COL	L L L L

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):