## STATEMENT OF

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**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 561 ADDRESS (number and street) (Check if address is changed) Orland Park 60462 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jak4820@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2009 C00264689 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Mr. Jack Heniff Type or Print Name of Treasurer Mr. Jack Heniff [Electronically Filed] 80 15 2016 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	Form 1 (Revised 02/2009)	Page <b>2</b>	
TYPE OF	COMMITTEE	i aye 🚣	
Candid	ate 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. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affil		State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party C	ommittee:		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Politica	Action Committee (PAC):		
(e) >	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 Fu	ndraising 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 candidate		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political	
C	ommittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.			

FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Name		i age <b>y</b>
	Active Letter Carriers	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	in PAC Snonsor
	CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL A	
Mailing Address	100 INDIANA AVE. N. W.	
J		
	WASHINGTON DC 20001	.  _
	CITY STATE 2	ZIP CODE
Relationship: Connected	d Organization X Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in poss	session of committee
Mr. Jack F	leniff	
Full Name	,15319 Woodmar Dr	
Mailing Address		
	Orland Park , IL , 60462-41	45
	Orland Park   IL   60462-41-	
Title or Position	CITY STATE Z	ZIP CODE
Director of Retirees		349   1142
8. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	ne and address of
Full Name Mr. Jack H	eniff	
of Treasurer	145240 Westers De	
Mailing Address	15319 Woodmar Dr	
	Orland Park   IL   60462-414	15
Title or Position	CITY STATE Z	IP CODE
Director of Retirees		49 - 1142

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Full Name of Designated Agent	Mr. John Cooksey				
Mailing Address	17962 Monroe Rd				
	Johnson City IL 62951  CITY STATE Z				
Title or Position					
<ul> <li>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.</li> <li>Name of Bank, Depository, etc.</li> </ul>					
	Bank of America				
Mailing Address	P.O. Box 25118				
	Tampa FL 33622-51	18			
	CITY STATE Z	ZIP CODE			
Name of Bank, [	Depository, etc.				
Mailing Address					
	CITY STATE Z	ZIP CODE			

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** William Dangerfield Full Name 3759 W. 123rd Place,#206 Mailing Address Alsip IL 60803 Title or Position CITY # **STATE** ZIP CODE Asst Dir of Ret. 708 0048 Telephone number [ ADDITIONAL ] Joint Fundraiser Participant FEC ID number