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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ILLINOIS DEMOCRATIC COUNTY CHAIRMEN'S ASSOCIATION

ADDRESS (number and street) PO BOX 3445

[ ] (Check if address is changed)

SPRINGFIELD | IL | 62708 -

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

LASHMETT4@IRTC.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

217-528-0473

2. DATE 04 / 29 / 2008

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] NEW (N) OR [ ] 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.

Type or Print Name of Treasurer Terrisa Lashmett

Signature of Treasurer Terrisa Lashmett Date 04 / 29 / 2008

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate 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 Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) ☒ This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C
5. FEC ID number C

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Write or Type Committee Name

6. **Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

Mailing Address

CITY STATE ZIP CODE

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Leadership PAC Sponsor ☐ Joint Fundraising Representative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name TERRISA LASHMETT

Mailing Address P.O. BOX 3445

SPRINGFIELD IL 62708-

CITY STATE ZIP CODE

Title or Position

TREASURER Telephone number 217-742-5720

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer TERRISA LASHMETT

Mailing Address P.O. BOX 3445

SPRINGFIELD IL 62708-

CITY STATE ZIP CODE

Title or Position

TREASURER Telephone number 217-742-5720

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Full Name of Designated Agent: BETSY LONDRIGAN

Mailing Address: P.O. BOX 3445

SPRINGFIELD | IL | 62708-

CITY | STATE | ZIP CODE

Title or Position: ASST TREASURER

Telephone number: 217-529-1170

9. **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.: NATIONAL CITY

Mailing Address: ONE NORTH OLD STATE CAPITOL PLAZA

SPRINGFIELD | IL | 62701-

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.:

Mailing Address:

CITY | STATE | ZIP CODE

28039720889

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Next Business Day Delivery ☐	
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☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	5/6/08 DATE PREPARED

(3/2005)

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