FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	Office use only	
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
The Caterpilla	ır Employee Politi	çal Açtion Comr	mittee Till I I I I I I I I I I I I I I I I I I		
ADDRESS (number and	street)	N.E. Adams			
(Check if addl is changed)	ress Peor	ia		IL	1430
001441775505144	# ADDD500		CITY▲	STATE ZIP C	ODE 📥
COMMITTEE'S E-MA	yfecnotices.com	<u> </u>		11111111	
<u> </u>					
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)			·
COMMITTEE'S FAX II 309-675-5815	NUMBER	ل			
2. DATE M 1	M / D D / Y	2007 [°]			
3. FEC IDENTIFICA	ATION NUMBER	(C C00148031		
4. IS THIS STATEM	MENT X NEW	/ (N) OR	AMENDED (A)		
I certify that I have exam	ined this Statement and	to the best of my know	vledge and belief it is true, correct ar	d complete	
Type or Print Name of	Treasurer	Gary Vest			
Signature of Treasure	r Electronically File	d by Gary Vest		Date 01 / 04	2007
NOTE: Submission of fa			subject the person signing this Stat	•	S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		

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5.	TYPE OF COMMITTEE (Check One)				
	(a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the complete the c	candidate			
	Name of Candidate				
	Candidate Office House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
(d) This committee is a (National, State (Openoc Republic V) This committee is a separate segregated fund (f) This committee is a separate segregated fund This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee.					
6. 	Name of Any Connected Organization or Affiliated Committee Caterpillar, Inc.	1			
ı					
	Mailing Address 100 N.E. Adams				
		ZIP CODE A			
	Relationship Connected Organization				
	Type of Connected Organization:				
	X Corporation Corporation w/o Capital Stock Labor Organizat	ion			
	Membership Organization Trade Association Cooperative				

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٧	Vrite or Type Comm	ittee Name						
	The Caterpilla	ar Employee	Political Action Committee					
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	Douglas (Crew					
	Mailing Address	_	100 N.E. Adams					
		_	Peoria	IL		61629		
	Title or Position	•	CITY A	STATE	EA	ZIP CO	DE A	
		Custodian of	Records	Telephone number	309	675	5248	
	Full Name of Treasurer Mailing Address	Gary Vest	100 N.E. Adams Stree	et				
		_	Peoria	IL		61629	1430	
	Title or Position	•	CITY A	STATE	Ε Δ	ZIP CC	DE A	
		Tax Manager		Telephone number	309	675	4482	
	Full Name of Designated Agent	Douglas (Crew					
	Mailing Address	_	100 N.E. Adams					
		_	Peoria	IL		61629 -		
	Title or Position	_ •						
			CITY A	STATE	A	ZIP CO	DE A	
		Govt Affairs		STATE Telephone number	309 	ZIP CO	DE A 5248	

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9.	Banks or Other Depositorie safety deposit boxes or mainta		s, rents
	Name of Bank, Depository, etc.	> .	
	First I	3ank 	
	Mailing Address	230 SW Adams Street	
		Suite 100	
		Peoria IL 61602	2 -
		CITY A STATE A ZIP (CODE △