08/28/2003 17 : 52

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Community Bankers Association of Illinois FedPac

ADDRESS (Number and Street)

901 Community Drive

(Check if address is changed)

Springfield IL 62703 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

glnaw@cbai.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2175299484

2. DATE M M D D Y Y Y Y 08 27 2003

3. **FEC IDENTIFICATION NUMBER** **C C00291914**

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 Robert J. Wingert

Signature of Treasurer Electronically Filed by Robert J. Wingert Date M M D D Y Y Y Y 08 28 2003

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

(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

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

(e) X This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Community Bankers Assoc. of Illinois

Mailing Address 901 Community Drive

Springfield IL 62703 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | X Trade Association | Cooperative

Write or Type Committee Name

Community Bankers Association of Illinois FedPac

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: Gina Wiseman

Mailing Address: 901 Community Drive

Springfield — CITY ▲

IL — STATE ▲

62703 — ZIP CODE ▲

Title or Position ▼: Custodian of Records

Telephone number: 217 - 529 - 2265

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: Robert J. Wingert

Mailing Address: 901 Community Drive

Springfield — CITY ▲

IL — STATE ▲

62703 — ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 217 - 529 - 2265

Full Name of Designated Agent:

Mailing Address:

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼:

Telephone number: - -

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.

Alpha Community Bank

Mailing Address 201 N. Main Street

Toluca IL 61369 -

CITY △ STATE △ ZIP CODE △

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. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Independent Community Bankers of America Political Action Committee

Mailing Address One Thomas Circle, NW

Suite 400

Washington DC 20005

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name _____

Mailing Address _____

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

_____ Telephone number _____ – _____ – _____