

# 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

Angelo Pesce Defends Pedophiles #M51256

ADDRESS (number and street)

P.O. Box 1000

(Check if address is changed)

1144 Illinois Route 29

Taylorville

CITY ▲

IL

STATE ▲

62568

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

angelopesce@mailinator.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

03 / 25 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00635763

4. IS THIS STATEMENT

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 Pesce, Angelo, , Dr., M51256

Signature of Treasurer

Pesce, Angelo, , Dr., M51256

[Electronically Filed]

Date

03 / 25 / 2017

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 06/2012)

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  (National, State or subordinate) committee of the  (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
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
  - 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 \_\_\_\_\_

Write or Type Committee Name

# Angelo Pesce Defends Pedophiles #M51256

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**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 Pesce, Angelo, , Dr., M51256

Mailing Address P.O. Box 1000

1144 Illinois Route 29

Taylorville IL 62568

Title or Position CITY STATE ZIP CODE

Telephone number

**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 Pesce, Angelo, , Dr., M51256

Mailing Address P.O. Box 1000

1144 Illinois Route 29

Taylorville IL 62568

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent | Pesce, Angelo, M51256, Dr., |

Mailing Address | PO Box 1000 |  
| 1144 Illinois Route 29 |  
| Taylorville | | IL | | 62568 | - | |  
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.

| Metabank |

Mailing Address | 1900 N Manheim Rd |  
| |  
| Melrose Park | | IL | | 60622 | - | |  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

| |

Mailing Address | |  
| |  
| | | | - | |  
CITY STATE ZIP CODE