FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Susan4Congress 39W193 Fryendall Ct ADDRESS (number and street) (Check if address is changed) Geneva 60134 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS susan4congress@gmail.com (Check if address is changed) Optional Second E-Mail Address susanaltman1234@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2022 C00811554 FEC IDENTIFICATION NUMBER > 3. X 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. Hathaway-Altman, Susan, , , Type or Print Name of Treasurer Hathaway-Altman, Susan, , , [Electronically Filed] 04 2022 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

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
Candidate	e Committee:	
(a) x	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. (Cominformation below.)	plete the candidate
Name of Candidate	Hathaway-Altman, Susan, , ,	
Candidate Party Affiliation	on REP Office Sought: * House Senate President	State IL District 11
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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 Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Nam		. 490
Susan4Congre		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE	3 · · · · · · · · · · · · · · · · · · ·	
INOINE		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative L	_eadership PAC Sponsor
. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in p	ossession of committee
	y-Altman, Susan, , ,	
Full Name	,39W193 Fryendall Ct	
Mailing Address		
	Geneva , IL , 60134	
	Geneva	
Title or Position	CITY STATE	ZIP CODE
Candidate & Treasure	Telephone number 773 – [640 - 0685
 Treasurer: List the name ar any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Hathaway of Treasurer	-Altman, Susan, , ,	
Mailing Address	39W193 Fryendall Ct	
	Geneva IL 60134 CITY STATE	ZIP CODE
Title or Position	. 773	640 0685
_	Telephone number	

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Full Name of Designated Agent	Altman, Alyssa, , ,	
Mailing Address	39W193 Fryendall Ct.	
	Geneva IL 601	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds.	
safety deposit bo Name of Bank,	oxes or maintains funds. Depository, etc. St. Charles Bank & Trust Company	
safety deposit be	oxes or maintains funds. Depository, etc. St. Charles Bank & Trust Company ,2825 Foxfield Rd	
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. St. Charles Bank & Trust Company 2825 Foxfield Rd	
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. St. Charles Bank & Trust Company ,2825 Foxfield Rd	
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. St. Charles Bank & Trust Company 2825 Foxfield Rd St. Charles IL 601	
safety deposit be Name of Bank,	St. Charles Bank & Trust Company 2825 Foxfield Rd St. Charles CITY STATE	74
safety deposit be Name of Bank, Mailing Address	St. Charles Bank & Trust Company 2825 Foxfield Rd St. Charles CITY STATE	74
safety deposit be Name of Bank, Mailing Address	Depository, etc. St. Charles Bank & Trust Company 2825 Foxfield Rd St. Charles IL 601 CITY STATE Depository, etc.	74
Name of Bank, Mailing Address Name of Bank,	Depository, etc. St. Charles Bank & Trust Company 2825 Foxfield Rd St. Charles IL 601 CITY STATE Depository, etc.	74
Name of Bank, Mailing Address Name of Bank,	Depository, etc. St. Charles Bank & Trust Company 2825 Foxfield Rd St. Charles IL 601 CITY STATE Depository, etc.	74