| Image# 14950024020                |   |  |                        | 08/15/2014 15 : 19             |
|-----------------------------------|---|--|------------------------|--------------------------------|
| FEC<br>FORM 1                     | STATEMEN<br>ORGANIZ   | _  |                        | PAGE 1 / 4                     |
|                                   |   |  | Offic                  | e Use Only                     |
| 1. NAME OF<br>COMMITTEE (in full) | (Check if name is changed)                                    | Example: If typing, type over the lines.   | 12FE4M5                |                                |
|                                   |   |  |                        |                                |
|                                   |   |  |                        |                                |
| ADDRESS (number and street)       | 2652 N Southport Ave.   |  |                        |                                |
| (Check if address is changed)     | Unit E  |  |                        |                                |
| is changed)                       | Chicago<br>└  |  | IL 6061-<br>STATE ▲    | 4<br>− −<br>ZIP CODE ▲         |
| COMMITTEE'S E-MAIL ADDR           | -   |  | <b>-</b>               |                                |
| (Check if address                 | fec@cfo-compliance.co   | <b>om</b>  |                        |                                |
| is changed)                       | Optional Second E-Mail Add                                    |  |                        |                                |
|                                   |   |  |                        |                                |
| COMMITTEE'S WEB PAGE AI           |   |  |                        |                                |
|                                   | D / Y Y Y Y<br>15 2014  |  |                        |                                |
| 3. FEC IDENTIFICATION N           | IUMBER ► C c  | 00524256   |                        |                                |
| 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 c | complete.                      |
| Type or Print Name of Treasur     | er Barbara Quigley  |  |                        |                                |
| Signature of Treasurer            | bara Quigley  | [Electronically Filed]   | Date 08                | D D / Y Y Y Y<br>15 / 2014     |
| NOTE: Submission of false, erro   | neous, or incomplete information<br>ANY CHANGE IN INFORMATION | may subject the person signing<br>ON SHOULD BE REPORTED V  |                        | enalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only             |   | For further information of<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 | ion <b>F</b>           | EC FORM 1<br>(Revised 06/2012) |

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| F              | EC Fo   | rm 1 (Revised 02/2009)   | Page <b>2</b>                        |  |
|----------------|---|--|--------------------------------------|--|
|                |   | OMMITTEE   |                                      |  |
| Can            | didate  | e Committee:   |                                      |  |
| (a)            |   | This committee is a principal campaign committee. (Complete the candidate information below.)  |                                      |  |
| (b)            | Ц   | This committee is an authorized committee, and is NOT a principal campaign committee. (Complein information below.)  | ete the candidate                    |  |
| Name<br>Candi  |   |  |                                      |  |
| Candi<br>Party | idate<br>Affiliati  | on Office<br>Sought: House Senate President  | State                                |  |
| (C)            |   | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                      |  |
| Name<br>Candi  |   |  |                                      |  |
| Part           | y Con   | nmittee:   |                                      |  |
| (d)            |   |  | emocratic,<br>epublican, etc.) Party |  |
| Polit          | tical A   | ction Committee (PAC):   |                                      |  |
| (e)            |   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected   | ected organization is                |  |
|                |   | Corporation Corporation w/o Capital Stock  | Labor Organization                   |  |
|                |   | Membership Organization Trade Association  | Cooperative                          |  |
|                |   | In addition, this committee is a Lobbyist/Registrant PAC.  |                                      |  |
| (f)            | Х   | 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          | t 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. | 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.         | 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  |                                      |  |
|                |   |  |                                      |  |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## PUCK PAC

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

| Mike Quigley  |                      |   |  |  |
|---|----------------------|---|--|--|
|   |                      |   |  |  |
| Mailing Address   | 2652 N Southport Ave |   |  |  |
|   | Unit E               |   |  |  |
|   | Chicago              | IL 60614<br>└──────────────────────────────────── |  |  |
|   | CITY                 | STATE ZIP CODE                                    |  |  |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative X 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.

| Brett P. Sn       | niley                 |                |
|-------------------|-----------------------|----------------|
| Full Name         |                       |                |
| Mailing Address   | 1 Park Row, 5th Floor |                |
|                   |                       |                |
|                   | Providence            | RI 02903       |
| Title or Position | CITY                  | STATE ZIP CODE |
| Deputy Treasurer  | Telepho               | ne 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                      | Barbara Quigley      |                  |          |
|--------------------------------|----------------------|------------------|----------|
| of Treasurer                   |                      |                  |          |
| Mailing Address                | 2652 N Southport Ave |                  |          |
|                                |                      |                  |          |
|                                | Chicago              | <b> </b>         | 60614    |
|                                | CITY                 | STATE            | ZIP CODE |
| Title or Position<br>Treasurer |                      | Telephone number |          |

| Full Name of<br>Designated<br>Agent | Brett P. Smiley   |  |
|-------------------------------------|---|--|
| Mailing Address                     | 1 Park Row, 5th Floor   |  |
|                                     |   |  |
|                                     | Providence         RI         02903           Image: I |  |
|                                     | CITY STATE ZIP CODE   |  |
| Title or Position Deputy Treasure   | 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.

| MB Fin                    | ancial Bank                                      |       |          |
|---------------------------|--|-------|----------|
| Mailing Address           | 3179 North Clark Street                          |       |          |
|                           |  |       |          |
|                           | Chicago  |       | ,<br>    |
|                           | CITY   | STATE | ZIP CODE |
| Name of Bank, Depository, | etc.   |       |          |
|                           |  |       |          |
| Mailing Address           |  |       |          |
|                           |  |       |          |
|                           | $\lfloor \ , \ , \ , \ , \ , \ , \ , \ , \ , \ $ |       |          |
|                           | CITY   | STATE | ZIP CODE |