**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lorch for Congress 397 Downing Rd ADDRESS (number and street) (Check if address is changed) Riverside 60546 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS congressmanlorch@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2018 C00665356 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. Lorch, Mark, , , Type or Print Name of Treasurer Lorch, Mark, , , [Electronically Filed] 01 2018 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

|             |                       | rm 1 (Revised 02/2009)   | Page <b>2</b>                            |
|-------------|-----------------------|--|--|
|             |                       | OMMITTEE<br>• 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. (Con information below.)   | nplete the candidate                     |
| Nam<br>Cand | e of<br>didate        | Lorch, Mark, , ,   |  |
|             | didate<br>/ Affiliati | on REP Office Sought: * House Senate President   | State IL District 04                     |
| (c)         |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Nam<br>Cand | e of<br>didate        |  |  |
| Par         | ty Con                | nmittee:   |  |
| (d)         |                       | This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party. |
| Poli        | tical A               | ction Committee (PAC):   |  |
| (e)         |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co  | nnected 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 s committee. (i.e., nonconnected committee)   | egregated 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.)   |  |
| Join        | t Fund                | raising Representative:  |  |
| (g)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political                     |
| (h)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.        | vo or more political                     |
|             | Com                   | mittees Participating in Joint Fundraiser  |  |
|             | 1.                    | FEC ID number  |  |
|             | 2.                    | FEC ID number  |  |
|             | 3.                    | FEC ID number  |  |
|             | 4.                    |  |  |

| FEC Form 1 (Revised 0  | 2/2009)  | Page <b>3</b>         |  |  |  |  |  |
|--|--|-----------------------|--|--|--|--|--|
| Write or Type Committee Name   |  |                       |  |  |  |  |  |
| Lorch for Congr  | ess  |                       |  |  |  |  |  |
|  | rganization, Affiliated Committee, Joint Fundraising Representative, or Leade  | ership PAC Sponsor    |  |  |  |  |  |
| NONE   |  |                       |  |  |  |  |  |
|  |  |                       |  |  |  |  |  |
|  |  |                       |  |  |  |  |  |
| Mailing Address  |  |                       |  |  |  |  |  |
|  |  |                       |  |  |  |  |  |
|  |  |                       |  |  |  |  |  |
|  | CITY STATE   | ZIP CODE              |  |  |  |  |  |
| Relationship: Connected  | Organization Affiliated Committee Joint Fundraising Representative   | Leadership PAC Sponso |  |  |  |  |  |
| <ol> <li>Custodian of Records: Ident<br/>books and records.</li> </ol> | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. |                       |  |  |  |  |  |
| Lorch, Marl  | k, , ,   |                       |  |  |  |  |  |
| Mailing Address  | 397 Downing Rd   |                       |  |  |  |  |  |
| Ţ  |  |                       |  |  |  |  |  |
|  | Riverside IL 60546   | 3                     |  |  |  |  |  |
| Title or Position  | CITY STATE   | ZIP CODE              |  |  |  |  |  |
|  |  |                       |  |  |  |  |  |
| 3. <b>Treasurer:</b> List the name and any designated agent (e.g., as  | address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).  | name and address of   |  |  |  |  |  |
| Full Name Lorch, Mark  | ς,,,   |                       |  |  |  |  |  |
| Mailing Address  | 397 Downing Rd   |                       |  |  |  |  |  |
|  |  |                       |  |  |  |  |  |
|  |  |                       |  |  |  |  |  |
|  | Riverside IL 60546   |                       |  |  |  |  |  |
| Title or Position  | Riverside IL 60546 CITY STATE  | ZIP CODE              |  |  |  |  |  |

| FEC For   | rm 1 (Revised 02/2009)  | Page <b>4</b>        |
|---|---|----------------------|
|   |   |                      |
| Full Name of<br>Designated<br>Agent                           | 1   |                      |
| Mailing Address   |   |                      |
| y y   |   |                      |
|   | CITY STATE  | ZIP CODE             |
| Title or Position   |   | 2 0002               |
|   | Telephone number  |                      |
|   |   |                      |
| safety deposit b  | er Depositories: List all banks or other depositories in which the committee deposits funds, hooxes or maintains funds.  Depository, etc. | olds accounts, rents |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  BMO Harris Bank N.A.  | olds accounts, rents |
| safety deposit b  | Depository, etc.  BMO Harris Bank N.A.  | olds accounts, rents |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  BMO Harris Bank N.A.  |                      |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  BMO Harris Bank N.A.  111 West Monroe Street  Chicago  IL 6060  |                      |
| safety deposit b Name of Bank, Mailing Address                | Depository, etc.  BMO Harris Bank N.A.  111 West Monroe Street  Chicago  IL 6060  | 3                    |
| safety deposit b Name of Bank, Mailing Address                | Depository, etc.  BMO Harris Bank N.A.  111 West Monroe Street  Chicago  Cliry  STATE  Depository, etc.                                   | 3<br>ZIP CODE        |
| safety deposit b Name of Bank, Mailing Address  Name of Bank, | Depository, etc.  BMO Harris Bank N.A.  111 West Monroe Street  Chicago  CITY  STATE  Depository, etc.                                    | 3<br>ZIP CODE        |
| safety deposit b Name of Bank, Mailing Address                | Depository, etc.  BMO Harris Bank N.A.  111 West Monroe Street  Chicago  CITY  STATE  Depository, etc.                                    | 3<br>ZIP CODE        |
| safety deposit b Name of Bank, Mailing Address  Name of Bank, | Depository, etc.  BMO Harris Bank N.A.  111 West Monroe Street  Chicago  CITY  STATE  Depository, etc.                                    | 3<br>ZIP CODE        |