

December 8, 2008

Federal Election Commission
999 'E' Street NW
Washington, D.C. 20463

P.O. Box 31031
Chicago, Illinois 60631

Re: Cary Capparelli for Congress -
for anticipated special election for the Fifth Congressional
District of Illinois

Please find attached FEC Form 1 – Statement of Organization.

This completed form has also been sent by U.S. Mail as backup.

FEC Form 2 – Statement of Candidacy was previously filed by both
fax and U.S. Mail; as required.

Thank you.

Sincerely,

James Sachay for

www.carycapparelliforcongress.com
elect@carycapparelliforcongress.com

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. **12FB4MS**

Cary Capparelli for Congress

ADDRESS (number and street) **P.O. Box 31031** (Check if address is changed) **Chicago** **IL** **60631**

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

electacarycapparelliforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.carycapparelliforcongress.com

COMMITTEE'S FAX NUMBER

111-111-1111

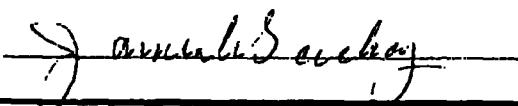
2. DATE **12 05 2008**3. FEC IDENTIFICATION NUMBER **C**4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

James Sachay

Signature of Treasurer

 **James Sachay** Date **12 05 08**

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.

<input type="checkbox"/> Office Use Only FEC Form 1					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)
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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

Cary Capparelli

Candidate Party Affiliation	<input type="checkbox"/> DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	IL
						District	05

(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

(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 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
5. FEC ID number C

Write or Type Committee Name

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

[REDACTED]
[REDACTED]

Mailing Address

[REDACTED]
[REDACTED]
[REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

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 James SachayMailing Address P.O. Box 31031

[REDACTED]
Chicago [REDACTED] IL 60631 [REDACTED]

Title or Position Treasurer CITY STATE ZIP CODETelephone number 312-1391-15001

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 James SachayMailing Address P.O. Box 31031

[REDACTED]
Chicago [REDACTED] IL 60631 [REDACTED]

Title or Position Treasurer CITY STATE ZIP CODETelephone number 312-1391-15001

Full Name of
Designated
Agent

Aaron DeAngelis

Mailing Address

P.O. Box 31031

Chicago

CITY

IL

160631

-1

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number 1815-1715-1748

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.

Lincoln Park Savings Bank

Mailing Address

1946 West Irving Park Road

Chicago

CITY

IL

60613

-1

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	Date of Receipt or Postmarked
N/A PREPARER (5/2004)	N/A DATE PREPARED

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