

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](http://www.carycapparelliforcongress.com)  
[elect@carycapparelliforcongress.com](mailto:elect@carycapparelliforcongress.com)

28039943031

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.

12FE4M5

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

electa@carycapparelliforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.carycapparelliforcongress.com

COMMITTEE'S FAX NUMBER

-

2. DATE

12 05 2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 12/2007)

28039943032

## 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

Gary Capparelli

Candidate Party Affiliation

DEM

Office Sought:

☒ House☐ Senate☐ 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

Mailing Address

CITY

STATE

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

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

28039943034

FEC Form 1 (Revised 12/2007)

Page 4

Full Name of  
Designated  
Agent

Aaron DeAngelis

Mailing Address

P.O. Box 31031

Chicago

CITY

IL

STATE

60631

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

815-715-1748

## 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

STATE

60613

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039943035

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):	Date of Receipt or Postmarked
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.	

N/A  
PREPARER

N/A  
DATE PREPARED

(5/2004)

28039943036