FEC FORM 1

## STATEMENT OF ORGANIZATION



2007 AUG 24 A 10: 36

·					Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if n is changed		xample:If typing, type ver the lines.	12FE4M5	· ·
JERRY BENN	FITI FOR	GONG	RESS		
ADDRESS (number and street)	V6.4.2.1.	50 1819	THA AVE		
(Check if address	سسسا			<u></u>	
is changed)	PALOS	HI44		IL	60465-
		CITY	<b>A</b>	STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE				<b>4</b> a ha	
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		الللل			
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
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	<u> </u>			1_1_1_1_	
COMMITTEE'S FAX NUMBER					
17081-4301-801	<i>3</i> .સા				
2. DATE 08 1	s' à ò ò 'n				
3. FEC IDENTIFICATION NO	JMBER ▶	C.	·		
4. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)		
I certify that I have examined the	is Statement and to	the best of m	y knowledge and belief it	is true, correc	t and complete.
Type or Print Name of Treasure	Rudy	A. Mu	Ideriak		
Signature of Treasurer	Budy G.	Mul	derink	Date 0 &	15 2007
NOTE: Submission of false, errone	-	-	subject the person signing the HOULD BE REPORTED W		
Office Use Only FE3AN042.PDF			For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-594-1100		FEC FORM 1 (Revised 02/2003)

TYPE OF COMMITTEE (Check One)  (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. (Compliant information below.)	lete the candidate
Name of Candidate JERRY BENNETT	<u> </u>
Candidate DEM Office X House Senate President	State JL  District 3
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	لنبيب
	Democratic, epublican, etc.) Party.
(e) This committee is a separate segregated fund.	•
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segi- committee.	regated fund or party
Name of Any Connected Organization or Affiliated Committee None	
<del></del>	
<del></del>	لحبيب
Mailing Address	لتبيب
	لحصيت
<u>لبا ليبينيينينيا ليب</u> ا	لـــا-لـــا
CITY ▲ STATE ▲	ZIP CODE A
Relationship	
Type of Connected Organization:	
Corporation Corporation w/o Capital Stock Labor Organiza	ation
Membership Organization Trade Association Cooperative	
	<del></del>

<del></del>	ed U2/2003)		Page 3
Vrite or Type Committee N	ame		
Custodian of Records: books and records.	Identify by name, address (phone number	optional) and position of the pers	on in possession of committee
Full Name Ru	D.Y. A. MULDERINK		
Mailing Address	1.0521 Sid ROBE	KITS KID BA	
			<del>-1-1-1-1-1-1-1-1</del>
	PALOS HALLS	III IFU	604651-
Title or Position▼	CITY A	STATE A	ZIP CODE ▲
TREKSURE	R	Telephone number 200	81-15981-1713.7.18
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of g., assistant treasurer).	the treasurer of the committee; ar	nd the name and address of
Full Name Rull	DY A MULDERINK	<u> </u>	<u> </u>
Mailing Address	VIOSIZI ISIDI ROBE	RITS, RID, 1317	
	PALOS HIFLLS	F4	604651-1
Title or Position▼	CITY A	STATE ▲	ZIP CODE ▲
TREMOURE	il.	Telephone number 20	81-4981-17372
Full Name of Designated Agent	RRY BENNETT		
Mailing Address	1/042/ 50 89+4	AVE	<del></del>
	PALOS HILLS	III III	60465-
Title or Position▼	CITY ▲	STATE ▲	ZIP CODE ▲
ASST TRE	45 URER	Telephone number $120$	81-16,461-175,05

ZIP CODE A

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CITY A

STATE A

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMMISSION The FEC added this page to the end of this filing to in	OMING DOCUMENTS									
Hand Delivered	Date of Receipt									
USPS First Class Mail	Postmarked 8/19/17									
USPS Registered/Certified	Postmarked (R/C)									
USPS Priority Mail										
Delivery Confirmation <sup>™</sup> or Signature	Confirmation™ Label									
USPS Express Mail	Postmarked									
Postmark Illegible										
No Postmark										
Overnight Delivery Service (Specify):	Shipping Date									
Next B	Business Day Delivery									
Received from House Records & Registration Offic	Date of Receipt e									
Received from Senate Public Records Office	Date of Receipt									
Received from Electronic Filing Office	Date of Receipt									
Other (Specify):	te of Receipt or Postmarked									
Inos.	8/24/07									
ÝREPARER (3/2005)	DATE PREPARED									