

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

07 JAN 30 PM 12: 08

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

26F4M5

HULL FOR SENATE, INC. (NEP)

ADDRESS (number and street)

141 W. JACKSON BLVD.



(Check if address is changed)

SUITE 2900

CHICAGO IL 60604

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

RICHKAMO@SCHULTZCHEZ.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

2. DATE

01

22

2007

3. FEC IDENTIFICATION NUMBER

C00380279

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

RICHARD KAMO, ASSISTANT TREASURER

Signature of Treasurer

Richard Kamo

Date

01

22

2007

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 Only

For further information contact: Federal Election Commission Toll Free 800-424-8630 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, 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 segregated fund or party committee.

8. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

27020021078

Write or Type Committee Name

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

27026021079

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.

HARRIS BANK

Mailing Address

1141 W. JACKSON BLVD.

LOBBY

CHICAGO IL 60604

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

N/A

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27020021080

SCHULTZ & CHEZ, L.L.P.
141 West Jackson Blvd., Suite 2900
Chicago, Illinois 60604

PAID
SENATE
OFFICE

CERTIFIED MAIL



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Office of Public Records
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Alexandria, VA 22301-0109

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United States Senate

OFFICE OF THE SECRETARY

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RD

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27020021082

27020021083

