

RECEIVED
FEC MAIL ROOM
2001 OCT -1 A 11:17

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4MS

PERRITT FOR CONGRESS, INC.

ADDRESS (number and street)

555 SHOKIE BLVD., SUITE 260

(Check if address
is changed)

NORTHBROOK IL 60062

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LM.ROSEN1@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

09 24 2001

3. FE IDENTIFICATION NUMBER ▶

C TO BE ASSIGNED

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

LYNN ROSEN

Signature of Treasurer

Lynn Rosen

Date

09 26 2001

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
Vol Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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 HENRY H. PERRITT

Candidate Party Affiliation Dem Office Sought: House Senate President State Ill District 10

- (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.

6. 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

Write or Type Committee Name

PERRITT FOR CONGRESS, INC.

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 LYNN ROSEN

Mailing Address 555 SKOKIE BLVD, SUITE 260
NORTHBROOK IL 60062

Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number 847-897-8900

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 LYNN ROSEN

Mailing Address 555 SKOKIE BLVD, SUITE 260
NORTHBROOK IL 60062

Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number 847-897-8900

Full Name of Designated Agent GERALD COHEN

Mailing Address 555 SKOKIE BLVD, SUITE 260
NORTHBROOK IL 60062

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
 Telephone number 847-897-8900

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.

AMERICAN NATIONAL BANK

Mailing Address

5813 N. MILWAUKEE AVE

CHICAGO IL 60646

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has 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"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 9-26-01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ser</i> PREPARER	10-1-01 DATE PREPARED