| Image# 201906029149874092                                   |                               |  |                         | PAGE 1 / 4                    |
|---|-------------------------------|--|-------------------------|-------------------------------|
| FEC<br>FORM 1   | STATEMEN<br>ORGANIZ           |  |                         |                               |
|   |                               |  |                         | Use Only                      |
| 1. NAME OF<br>COMMITTEE (in full)                           | (Check if name is changed)    | Example:If typing, type over the lines.  | 12FE4M5                 |                               |
| Lauzen for Cong   | ress                          |  |                         |                               |
|   |                               |  |                         |                               |
|   | 116 S. Elmwood Drive          |  |                         |                               |
| ADDRESS (number and street)                                 |                               |  |                         |                               |
| <ul> <li>(Check if address is changed)</li> </ul>           |                               |  |                         |                               |
|   | Aurora                        |  | IL 60506                |                               |
|   | CITY A                        |  | STATE A                 | ZIP CODE                      |
| COMMITTEE'S E-MAIL ADDRE                                    | ESS                           |  |                         |                               |
| (Check if address   | holmeslaw4@gmail.cor          | <b>n</b>   |                         |                               |
| is changed)   | Optional Second E-Mail Add    |  |                         |                               |
|   | slauzen@aol.com               |  |                         |                               |
| COMMITTEE'S WEB PAGE AD<br>(Check if address<br>is changed) | DRESS (URL)                   |  |                         |                               |
| 2. DATE 06 / 0  | D / Y Y Y Y<br>1 2019         |  |                         |                               |
| 3. FEC IDENTIFICATION N                                     | UMBER ► C co                  | 00435834   |                         |                               |
| 4. IS THIS STATEMENT  | NEW (N) OR                    | × AMENDED (A)  |                         |                               |
| I certify that I have examined t                            | his Statement and to the best | of my knowledge and belief it  | is true, correct and co | mplete.                       |
|   |                               |  |                         |                               |
| Type or Print Name of Treasure                              | er Holmes, Lee, , ,           |  |                         |                               |
| Signature of Treasurer                                      | nes, Lee, , ,                 | [Electronically Filed]   | Date 06                 | 02 / Y Y Y Y<br>2019          |
| NOTE: Submission of false, erron                            |                               | may subject the person signing t<br>ON SHOULD BE REPORTED W  |                         | nalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only                                       |                               | For further information of<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100 | on <b>F</b> I           | EC FORM 1<br>Revised 06/2012) |

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|     | FEC F                    | orm 1 (Revised 02/2009) Page 2   |
|-----|--------------------------|--|
| T   | YPE OF                   | COMMITTEE  |
| С   | andidat                  | e 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.)  |
|     | ame of<br>andidate       | Lauzen, Chris, , ,   |
|     | andidate<br>arty Affilia | tion NAT Office Sought: X House Senate President District 14   |
| (C  | )                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
|     | ame of<br>andidate       |  |
| Ρ   | arty Co                  | mmittee:   |
| (d  | )                        | This committee is a       (National, State<br>or subordinate) committee of the       (Democratic,<br>Republican, etc.) Party.  |
| P   | olitical                 | 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  |
|     |                          | In addition, this committee is a Lobbyist/Registrant PAC.  |
| (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 Lobbyist/Registrant PAC.  |
|     |                          | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
| Jo  | oint Fun                 | draising 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.         |
|     | Cor                      | nmittees Participating in Joint Fundraiser   |
|     | 1.                       | FEC ID number  |
|     | 2.                       | FEC ID number  |
|     | 3.                       | FEC ID number  |
|     | 4.                       | FEC ID number  |
|     |                          |  |

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Write or Type Committee Name

## Lauzen for Congress

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

| Mailing Address         |  |                   |                       |
|-------------------------|--|-------------------|-----------------------|
|                         |  |                   |                       |
|                         |  |                   |                       |
|                         | CITY   | STATE             | ZIP CODE              |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraisir | ig Representative | eadership PAC Sponsor |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Lauzen,           | Sarah, , ,  |
|-------------------|---|
| Full Name         |   |
| Mailing Address   | 116 S. Elmwood Drive                                  |
|                   |   |
|                   | Aurora  |
| Title or Position | CITY STATE ZIP CODE                                   |
| Asst. Treasurer   | Telephone number     630     -     897     -     9200 |

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<br>of Treasurer      | Holmes, Lee, , ,   |                                |   |
|--------------------------------|--|--------------------------------|---|
| Mailing Address                | 527 Horizon Drive West   |                                |   |
|                                |  |                                |   |
|                                | Saint Charles         IL         60175         –         / <th <="" th=""> <th <="" th="">         /</th></th> | <th <="" th="">         /</th> | / |
|                                | CITY STATE ZIP CODE  |                                |   |
| Title or Position<br>Treasurer | Telephone number6304401484   |                                |   |

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| Full Name of<br>Designated<br>Agent | Lauzen, Sarah, , ,   |  |
|-------------------------------------|----------------------|--|
| Mailing Address                     | 116 S. Elmwood Drive |  |
|                                     |                      |  |
|                                     | Aurora               |  |
|                                     | CITY STATE ZIP CODE  |  |
| Title or Position                   | Telephone number     |  |

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.

|                 | Old Second National Bank |                |
|-----------------|--------------------------|----------------|
| Mailing Address | 37 S. River Street       |                |
|                 |                          |                |
|                 | Aurora                   | L IL 60506     |
|                 | CITY                     | STATE ZIP CODE |
| Name of Bank, D | epository, etc.          |                |
|                 |                          |                |
| Mailing Address |                          |                |
|                 |                          |                |
|                 |                          |                |
|                 | CITY                     | STATE ZIP CODE |