Image# 26950668096 10/23/2006 21:39

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	KGANIZA	_	N						
		(See instruction	s)				Off	ice use only		
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Exar over	nple: If typying, ty the lines	pe	12FE4	M5			
LAKE COUNT	Y DEMOCRATIC	PARTY FEDERAL	- СОМІ	MITTEE			111			لب
ADDRESS (number and	d street) 709	NORTH AVENUE			ш					ш
(Check if add	Iress				ш				ш	ш
is changed)	WAL	IKEGAN			Ц	쁘		60085]-L	لــــا
			CITY			STATE		ZIP C	ODE 📥	
COMMITTEE'S E-MA										1
, Jane Gianiago.					Ш					Щ.
					ш				Ш	
COMMITTEE'S WEE	B PAGE ADDRESS (U	IRL)								
www.lakeder	ms06.com <u> </u>					1 1 1	111	111		
	<u> </u>								ш	ш
COMMITTEE'S FAX	NUMBER									
با لبنا	سيا لي									
2. DATE M	M / D D / Y	2006								
3. FEC IDENTIFIC	ATION NUMBER	C	C00	428615						
4. IS THIS STATE	MENT X NEV	V (N) OR		AMENDED	(A)					
I certify that I have exam	nined this Statement and	I to the best of my know	vledge an	d belief it is true, co	orrect and	complete				
		Datas A. Cassisall								
Type or Print Name o	f Treasurer	Peter A. Couvall								
Signature of Treasure	er Electronically File	d by Peter A. Co	ouvall		[Date	10 /	23	y y 2	2 0 ° 0 6
NOTE: Submission of f	alse, erroneous, or incor	nplete information may						of 2 U.S.C.	S437g.	
Office Use Only				For further information Federal Election Control Free 800-424	Commissi -9530			FEC FO		1

	FECForm 1 (Revised 02/2003)	Page 2				
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					
		emocratic, publican,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 fu committee.	nd or party				
6.	Name of Any Connected Organization or Affiliated Committee					
	None					
L						
	Mailing Address					
		1-1 1 1				
	CITY▲ STATE ▲	ZIP CODE A				
	Relationship					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organization	on				
	Membership Organization Trade Association Cooperative					

Write or Type Committee Name

LAKE COUNTY DEMOCRATION	PARTY FEDERAL	COMMITTEE
-------------------------	---------------	-----------

Custodian of R							
possession of	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Peter A. C	ouvall					
Mailing Address		709 North Avenue					
	_	Waukegan		60085			
Title or Position	V	CITY A	STATE	ZIP CODE A			
	Treasurer		Telephone number				
Treasurer: List name and add Full Name of Treasurer Mailing Address	Peter A. C	I address (phone number optional) o signated agent (e.g., assistant treasure ouvall 709 North Avenue	r).				
	_	Waukegan		60085			
	_						
Title or Position	-	CITY A	STATE	ZIP CODE ▲			
Title or Position	▼ Treasurer	-		ZIP CODE A			
Title or Position Full Name of Designated Agent		-		_			
Full Name of Designated	Treasurer	-		_			
Full Name of Designated Agent	Treasurer	-		_			

	FEC Form 1 (Rev	ised 02/2003)	Page 4
9.	Banks or Other Deposi safety deposit boxes or n Name of Bank, Depositor	naintains funds.	olds accounts, rents
	Mailing Address	orStates Bank 1601 North Lewis Avenue	
		Waukegan	
		CITY \(\text{CITY } \(\text{STATE } \(\text{STATE } \)	ZIP CODE A

Image# 26950668100

Form/Schedule: **F1N**Transaction ID:

The Lake County Democratic Party Federal Committee will operate independently from the Democratic Party of Illinois. It will not be funded by the Democratic Party of Illinois and will not coordinate its activities with the state party committee.