

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

SECRETARY OF THE SENATE

03 APR 18 PM 2:24
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12PE4M5
PAT QUINN FOR U.S. SENATE

ADDRESS (number and street) (Check if address is changed) 676 N LASALLE #326 CHICAGO IL 60610
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
QuinnPatrick@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 09 2003

3. FEC IDENTIFICATION NUMBER C0034972

4. IS THIS STATEMENT NEW (N) OR A 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 Gerald Galloway

Signature of Treasurer [Signature] Date 04 09 2003

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.

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 PAT QUINN

Candidate Party Affiliation DEM Office Sought House Senate President
 State _____ District _____

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

Name of Candidate PAT QUINN

(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

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 GERALD GALLOWAY

Mailing Address 676 N. LASALLE #326

CHICAGO IL 60610

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 312-654-8888

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 GERALD GALLOWAY

Mailing Address 676 N. LASALLE #326

CHICAGO IL 60610

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 312-654-8888

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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.

CHARTER ONE BANK

Mailing Address

6700 W NORTH AVE

CHICAGO

IL

60702

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

23020193104

For US State
No. 6/5/10

106/0

Office of Public Records
PO Box 5109
Alexandria Va
22301-0109



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