

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

CHILTON, YAMBERT & PORTER

ATTORNEYS AT LAW

150 SOUTH WACKER DRIVE
SUITE 2400
CHICAGO, IL 60606

TELEPHONE (312) 460-8000
FACSIMILE (312) 460-8299
E-MAIL: cyp1aw@compuserve.com

LARRY J. CHILTON
JOHN YAMBERT
D. WILLIAM PORTER
SHARON M. PEART
LISA L. HAMER
WALTER S. CALHOUN
PAUL C. MILTONBERGER
PAUL A. COGHIAN

MAR 25 1 22 PM '99
TRACY R. HEAD
TESS A. WHITE
JOHN A. GOLIDGE
LAWRENCE R. KREAM
ZEN JOHN BALCHUNAS
TERRENCE M. DONOHUE
JAMES B. TORIN

March 21, 1999

By registered mail

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Sirs,

Enclosed please find fully executed F.E.C. forms 1 and 2 for cohenforcongress.org. The candidate, Christopher B. Cohen, is running for United States House 10th Congressional District, a seat presently held by John Porter.

In regard to F.E.C. form 1, the Statement of Organization, I realize copies must be kept for three years from the date of filing and by carbon copy of this letter, a copy of this form is being sent to the State Board of Elections of Illinois.

In regard to F.E.C. form 2, the Statement of Candidacy, I await receipt of the campaign's identification number. I have also sent a copy of this form by carbon copy to the State Board of Elections of Illinois.

Please acknowledge the receipt of the above documents at your earliest request. If possible, I would also appreciate an acknowledgment that we are in full compliance with all regulations and laws as of this moment. It is also my understanding that my next contact with you will be on or prior to July 31, 1999 when I am to report all contributions received in the period ending June 30, 1999.

Please do not hesitate to contact me at any time in regard to any matter involving this campaign.

Very truly yours,


Walter S. Calhoun

CC:

Chris Cohen, 185 Franklin, Glencoe, Illinois 60022
Howard Silver, 1450 Crown Lane, Glenview, Illinois 60025
Illinois State Board of Elections, 1020 S. Spring Street, P.O. Box 4187, Springfield, Illinois 62708

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) COHEN FOR CONGRESS, ORG	2. DATE 3/1/99
(b) Number and Street Address: <input type="checkbox"/> (Check if address is changed) 185 FRANKLIN	3. FEC Identification Number
(c) City, State and ZIP Code GLENCOE, IL 60022-1259	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

MAR 25 1 22 PM '99

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
Chris Cohen | Candidate Party Affiliation
Democrat | Office Sought
U.S. House | State/District
10th Ill. |
|---|--|------------------------------------|---|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
NONE		

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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
HOWARD SILVER	1450 Crown Land Glenview Ill 60025	CUSTODIAN & ASSISTANT TREASURER

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	Mailing Address	Title or Position
WALTER CAHOUN	471 Park Glencoe Ill 60022	TREASURER
HOWARD SILVER	Crest Trd 1450 Crown Land Glenview Ill 60025	ASSISTANT TREASURER

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.	Mailing Address and ZIP Code
FIRST CHICAGO - 3 First National Plaza, Chicago, IL 60670	60670

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 WALTER CAHOUN	SIGNATURE OF TREASURER <i>Walter Cahoun</i>	DATE 3/18/99
---	--	------------------------

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.

