	STATEMENT OF		RECEIVED										
FEC FORM 1	ORGANIZATION		2012 DEC -4 AM 11: 53										
			FFOICHUANUCENTER										
1. NAME OF COMMITTEE (in full)	(Check if name Example is changed) over the	IT typing, type 12FE4	N The second secon										
Donne E. Trott	er For Congress												
ADDRESS (number and street	17663 S. Torrence A	venue											
(Check if address is changed)	Lansing	<u> </u>	60438 4839										
	CITY	STATE	ZIP CODE										
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e-mail address	;)											
(Check if address	donnetrotter@trotter	donnetrotter@trotter4congress.com											
is changed)													
COMMITTEE'S WEB PAGE	ADDRESS (URL)												
(Check if address													
is changed)													
2. DATE 12	1^ 2012												
3. FEC IDENTIFICATION	NUMBER												
4. IS THIS STATEMENT		AMENDED (A)											
I certify that I have examine	d this Statement and to the best of my know	ledge and belief it is true, con	rect and complete.										
Type or Print Name of Treas	George W. Townes	, CPA											
Signature of Treasurer	Aper Joure	Date 1	2 01° 2012										
NOTE: Submission of false, er	roneous, or incomplete information may subject t ANY CHANGE IN INFORMATION SHOULD												
Office Use Only	Fede Toll F	further Information contact: ral Election Commission Free 800-424-9530 I 202-694-1100	FEC FORM 1 (Revised 02/2009)										

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FEC Form 1 (Revised 02/2	2009)
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TY	PE OF C	OMMITTEE					
Ca	ndidate	Committee:					
(a)	\times	This committee is a principal campaign co	mmittee. (Complete	the candidate infor	mation below	<i>ı</i> .)	
(b)		This committee is an authorized committee information below.)	e, and is NOT a prin	ncipal campaign coi	mmittee. (Coi	mplete the candida	ate
	me of ndidate	Donne, E. Trotter			1 1 1	<u> 1 1 1 1 1 1 1 </u>	.11
	ndidate ty Affiliatio	on Dem Office Sought: X	House	Senate	President	State District	IL <u>.</u> 02
(C)		This committee supports/opposes only one	candidate, and is N	NOT an authorized	committee.		
	ne of ndidate						
Pa	rty Corr	mittee:					
(d)			lational, State subordinate) comm	ittee of the		(Democratic, Republican, etc.)	Party.
Ро	litical A	ction Committee (PAC):	anna taitean an anna ann an taiteachadh an taiteachadh an taiteachadh an taiteachadh an taiteachadh an taiteachadh				
(e)	D	This committee is a separate segregated fu	und. (Identify connec	ted organization on	line 6.) Its co	onnected organizati	on is a
		Corporation	Corporation	w/o Capital Stock		Labor Organiza	ation
		Membership Organization	Trade Assoc	ciation		Cooperative	
		In addition, this committee is	a Lobbyist/Registra	ot PAC.			
(f)		This committee supports/opposes more that committee. (i.e., nonconnected committee)	an one Federal cano	didate, and is NOT	a separate s	segregated fund or	party
		In addition, this committee is a Lobby	yist/Registrant PAC.				
		In addition, this committee is a Leade	ershjp PAC. (Identify	sponsor on line 6.)			
Joi	nt Fund	raising Representative:					
(g)		This committee collects contributions, pays fu committees/organizations, at least one of wh	•			•	al
(h)		This committee collects contributions, pays fu	undraising expenses	and disburses net p	proceeds for t	wo or more politica	d

committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	Ĺ									L								FI	EC	ID	number	C
2.	L						_1			L				[FI	EC	ID	numbei	
3.	L		ĺ		[L	L						F	EC	ID	number	C
4.	Ĺ	1														1		FE	C I	ID	number	C

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Write or Type Committee Name

6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
1		
L		
	Mailing Address	
		CITY STATE ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in possession of committee
		e W. Townes, CPA
	Mailing Address	10249 S. Halsted Street
	, Title or Position	CITY STATE ZIP CODE
		Telephone number 773 - 552 - 9400
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name of Treasurer	μe Ψ. Τοwnes, CPA
	Mailing Address	10249 S. Halsted Street
		Chicago [1851]
	Title or Position	CITY STATE ZIP CODE
_	Treasurer	Telephone number [773] - [552] - [9400]

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Full Name of Designated	1		
Agent			
Mailing Address			
	L		
Title or Position			
LIIII	<u>IIIIIIIIIII</u> Tele	phone number	
safety deposit bo	Depositories: List all banks or other depositories in which the xes or maintains funds.	ne committee deposits f	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Bank of America, N.A.		
Mailing Address	250 West 83rd Street		
	Chicago		60620 .]-[
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
	L		
Mailing Address	1		
Maining Address			
Maning Address			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirm	nation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date 12/3/12 Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Re Other (Specify):	ceipt or Postmarked
R	12/4/12
PREPÅRER	DATE PREPARED