Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee to Elect Auxier 411 N. 9th Street ADDRESS (number and street) (Check if address is changed) Murphysboro 62966 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@randyforcongress.org (Check if address X is changed) Optional Second E-Mail Address personalist61@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.randyforcongress.org (Check if address is changed) DATE 06 2018 C00674317 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Reh, Jane, , , Type or Print Name of Treasurer Reh, Jane, , , [Electronically Filed] 06 06 2018 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

|              | <b>-</b>              | . (7)  |                                       |
|--------------|-----------------------|--|---------------------------------------|
|              |                       | rm 1 (Revised 02/2009)   | Page <b>2</b>                         |
|              |                       | OMMITTEE<br>• Committee:   |                                       |
| (a)          | x                     | 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. (Con information below.)   | nplete the candidate                  |
| Name<br>Cand | e of<br>didate        | Auxier, Randy, , Dr.,  |                                       |
|              | didate<br>/ Affiliati | on GRE Office Sought: # House Senate President   | State IL District 12                  |
| (c)          |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                       |
| Name<br>Cand |                       |  |                                       |
| Parl         | ty Con                | nmittee:   |                                       |
| (d)          |                       | This committee is a (National, State or subordinate) committee of the  | (Democratic, Republican, etc.) Party. |
| Poli         | tical A               | ction Committee (PAC):   |                                       |
| (e)          |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-  | nnected 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 s committee. (i.e., nonconnected committee)   | egregated fund or party               |
|              |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |                                       |
|              |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                                       |
| Join         | t Fund                | Iraising Representative:   |                                       |
| (g)          |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.        | wo or more political                  |
|              | Com                   | mittees Participating in Joint Fundraiser  |                                       |
|              | 1.                    | FEC ID number  |                                       |
|              | 2.                    | FEC ID number  |                                       |
|              | 3.                    |  |                                       |
|              | 4.                    |  |                                       |

| FEC <b>Form 1</b> (Revise                                      | ed 02/2009)   | Page <b>3</b>              |
|--|---|----------------------------|
| Write or Type Committee Na                                     | ame   |                            |
| Committee to   | Elect Auxier  |                            |
| 6. Name of Any Connecte  | ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le                            | adership PAC Sponsor       |
| NONE   |   |                            |
|  |   | <u> </u>                   |
| No. History Control of   |   |                            |
| Mailing Address  |   |                            |
|  |   |                            |
|  |   |                            |
|  | CITY STATE  | ZIP CODE                   |
| Relationship: Connec   | ected Organization Affiliated Committee Joint Fundraising Representative                                  | Leadership PAC Sponsor     |
|  |   |                            |
| <ul> <li>Custodian of Records: I books and records.</li> </ul> | Identify by name, address (phone number optional) and position of the person                              | in possession of committee |
| Reh, Ja  | ane, , ,  |                            |
| Full Name  | P.O. Box 308  |                            |
| Mailing Address  |   |                            |
|  | Manushana H. 63   | 2966                       |
|  | Murphysboro IL 62   |                            |
| Title or Position  | CITY STATE  | ZIP CODE                   |
| Treasurer  | Telephone number  |                            |
| 3. <b>Treasurer:</b> List the name any designated agent (e.c   | and address (phone number optional) of the treasurer of the committee; and t<br>g., assistant treasurer). | the name and address of    |
| Full Name Reh, Ja  | ane, , ,  | 1                          |
| of Treasurer   | IP.O. Box 308   |                            |
| Mailing Address  |   |                            |
|  |   |                            |
|  |   | 966                        |
| Title or Position Treasurer                                    | CITY STATE  618  Telephone number   | ZIP CODE                   |
|  |   | !                          |

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|--|--|------------------------------|
|  |  |                              |
| Full Name of Designated White Agent  | ney, Rich, , ,   |                              |
| Mailing Address  | 1801 New Era Road  |                              |
|  |  |                              |
|  | Carbondale IL STATE  | 62901<br>ZIP CODE            |
| Title or Position Committee Chairman   | Telephone number   | 18 - 967 - 0840              |
| Banks or Other Depos   | sitories: List all banks or other depositories in which the committee deposits to  | funds, holds accounts, rents |
| safety deposit boxes or<br>Name of Bank, Deposit   | r maintains funds. tory, etc.  |                              |
| safety deposit boxes or<br>Name of Bank, Deposit   | r maintains funds. tory, etc.  J Credit Union  |                              |
| safety deposit boxes or<br>Name of Bank, Deposit   | r maintains funds. tory, etc.  |                              |
| safety deposit boxes or<br>Name of Bank, Deposit   | r maintains funds.  tory, etc.  J Credit Union  P.O. Box 2888  | 62902                        |
| safety deposit boxes or<br>Name of Bank, Deposit   | r maintains funds.  tory, etc.  J Credit Union  P.O. Box 2888  395 N. Giant City Road                                      | 62902<br>ZIP CODE            |
| safety deposit boxes or<br>Name of Bank, Deposit   | r maintains funds.  tory, etc.  J Credit Union  P.O. Box 2888  395 N. Giant City Road  Carbondale  IL  CITY  STATE         |                              |
| safety deposit boxes or Name of Bank, Deposit  SIU  Mailing Address                        | r maintains funds.  tory, etc.  J Credit Union  P.O. Box 2888  395 N. Giant City Road  Carbondale  IL  CITY  STATE         |                              |
| safety deposit boxes or Name of Bank, Deposit  SIU  Mailing Address                        | r maintains funds.  tory, etc.  J Credit Union  P.O. Box 2888  395 N. Giant City Road  Carbondale  CITY  STATE  tory, etc. |                              |
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