Only

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STATEMENT OF **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. KELLY MAZESKI FOR CONGRESS 254 W County Line Road ADDRESS (number and street) (Check if address is changed) BARRINGTON 60010 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kelly.mazeski@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2018 C00641605 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. MAZESKI, KELLY, , , Type or Print Name of Treasurer MAZESKI, KELLY, , , [Electronically Filed] 12 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

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		rm 1 (Revised 02/2009)	Page <b>2</b>		
		COMMITTEE  Committee:			
(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.)			
	ne of didate	MAZESKI, KELLY, , ,			
	didate y Affiliati	on Dem Office Sought: <b>X</b> House Senate President	State IL District 06		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	ne of didate				
Par	rty Con	nmittee:			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Pol	itical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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.)			
Joir	nt Func	Iraising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political		
		committees/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 transcriptions, 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.				
	3.				
	4.				

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Write or Type Committee Nam		Tage <b>U</b>
	SKI FOR CONGRESS	
	Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of	the person in possession of committee
	I, KELLY, , ,	
Full Name	254 W. COUNTY LINE ROAD	
Mailing Address		
	BARRINGTON	, 60010
Title or Position	CITY STAT	E ZIP CODE
	Telephone number	
8. <b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comn assistant treasurer).	nittee; and the name and address of
Full Name Yensen, F	Paula, , ,	ı
of Treasurer	<sub>254</sub> W County Line Road	
Mailing Address	254 17 County Line Nodu	
	Barrington	60010
Title or Position	CITY STATI	E ZIP CODE
Treasurer	Telephone number	

Full Name of Designated Agent						
Designated Agent						
	I					
Mailing Address						
CITY STATE ZIP CODE						
Title or Position  Telephone number  Telephone number						
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.  BMO Harris						
Mailing Address						
Barrington   IL   60011   -						
CITY STATE ZIP CODE						
Name of Bank, Depository, etc.	-					
Mailing Address						
CITY STATE ZIP CODE						