

SECRETARY OF THE SENATE
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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line. 12FR4M5

WASHINGTON FOR SENATE

ADDRESS (number and street) 400 E RANDOLPH STREET SUITE 1500

(Check if address is changed)

CHICAGO IL 60601

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
JOYCE@WASHINGTONFORSENATE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
312-787-0280

2. DATE

3. FEC IDENTIFICATION NUMBER 000384800

4. IS THIS STATEMENT NEW (N) OR AMENDED (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 SHARON SHAW McEwen

Signature of Treasurer Sharon Shaw McEwen 5-15-03

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 _____

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

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

Name of Candidate _____

(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.

8. 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 STEVEN SHAW

Mailing Address 1103 S. MICHIGAN AVENUE UNIT 306

CHICAGO IL 60616

Title or Position CITY STATE ZIP CODE

Telephone number - -

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 DR. SHARON SHAW-MCEWEN

Mailing Address 179 W. WACKER

CHICAGO

CHICAGO IL 60601

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number - -

Full Name of Designated Agent STEVEN SHAW

Mailing Address 1103 S. MICHIGAN AVENUE UNIT 306

CHICAGO IL 60616

Title or Position CITY STATE ZIP CODE

RECORD KEEPER 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.

LASALLE BANK

Mailing Address

135 S LASALLE STREET

CHICAGO

IL

60603

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

23020322138
23020322138

