

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FOUNDING FEATHERS FOR FRASER CLINIC

ADDRESS (number and street)

PO BOX 6811187



(Check if address
is changed)

SCHLAUMBURG

CITY ▲

IL

STATE ▲

60168

ZIP CODE ▲

1253

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

BILL@VOTEFORFRASER.COM

Optional Second E-Mail Address

JAY@VOTEFORFRASER.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

WWW.VOTEFORFRASER.COM

2. DATE

10/26/2015

3. FEC IDENTIFICATION NUMBER ►

C00470344

4. 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.

Type or Print Name of Treasurer WILLIAM FRASER

Signature of Treasurer



Date

10/26/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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ORIGIN ID: NOHA (630) 361-2301
WILLIAM FRASER
107 MOHAWK DRIVE
NORTH BARRINGTON, IL 60010
UNITED STATES US

SHIP DATE: 27OCT15
ACTWT: 0.25 LB
CRD: 6990347/SSF01621
BILL CREDIT CARD

TO

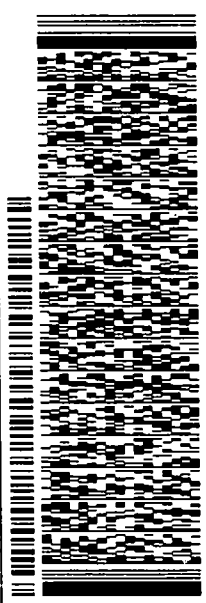
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999 E STREET NW

WASHINGTON DC 20463

(000) 000-0000 REF: DEPT: PO:

lope

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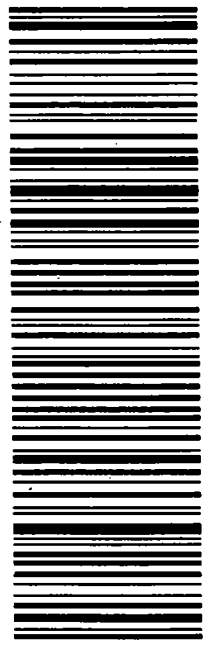


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PREPARER
(3/2015)

10/29/15
DATE PREPARED

2015-10-29 10:00:00