

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Henry J. Hyde for Congress Committee

ADDRESS (Home or street)

P.O. Box 1504

(Check if address is changed)

Elk Grove Village

IL

60009

1504

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.

COMMITTEE'S FAX NUMBER

6308925969

2. DATE

09 / 12 / 2003

3. FEC IDENTIFICATION NUMBER

C C00013573

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

Mitchell Polonsky

Signature of Treasurer

Electronically Filed by Mitchell Polonsky

Date

09 / 12 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	IL
						District	06

- (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.

6. 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

Henry J. Hyde for Congress Committee

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 **Mitchell Polonsky**

Mailing Address **3219 Carriageway Drive**

Arlington Heights **IL** **60004 -**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **647** - **255** - **1873**

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 **Mitchell Polonsky**

Mailing Address **3219 Carriageway Drive**

Arlington Heights **IL** **60004 -**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **647** - **255** - **1873**

Full Name of Designated Agent **Mitchell Polonsky**

Mailing Address **3219 Carriageway Drive**

Arlington Heights **IL** **60004 -**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **647** - **255** - **1873**

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.

Corus Bank

Mailing Address

P.O. Box 7966

Chicago

IL

60680 - 7966

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

Mount Prospect National Bank

Mailing Address

50 N. Main St.

Mount Prospect

IL

60056 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

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.

[ADDITIONAL]

First Bank of Illinois

Mailing Address

300 E. NW Hwy

P.O. Box 249

Palatine

IL

60078 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

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.

[ADDITIONAL]

Suburban Bank & Trust Company

Mailing Address

P.O. Box 419

Elmhurst

IL

60126 - 0419

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____