Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 × COMMITTEE (in full) is changed) over the lines. CITIZENS FOR AUGUST (O'NEILL) DEUSER 18822 WREN CIRCLE ADDRESS (number and street) (Check if address is changed) **MOKENA** 60448 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ADEUSER1@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address JWMORAN@SBCGLOBAL.NET COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2015 C00588384 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. AUGUST J DEUSER Type or Print Name of Treasurer AUGUST J DEUSER [Electronically Filed] 10 2015 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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	COMMITTEE te Committee:		
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	v.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name of Candidate	AUGUST (O'NEILL) DEUSER		
Candidate Party Affilia	tion REP Office Sought: X House Senate President	State IL District 01	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co	mmittee:		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Political	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated 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.)		
Joint Fun	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political	
Cor	mmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.			

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Write or Type Comr	nittee Name	
CITIZENS	S FOR AUGUST (O'NEILL) DEUSER	
	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
. Custodian of Re books and record	ecords: Identify by name, address (phone number optional) and position of the person in positis.	session of committee
Full Name	AUGUST J DEUSER	1
Mailing Address	18822 WREN CIRCLE	
Mailing Madross		
	MOKENA IL 60448	
Title or Position	CITY STATE 2	ZIP CODE
TREASURER		408 - 0012
Treasurer: List the any designated a	ne name and address (phone number optional) of the treasurer of the committee; and the nam gent (e.g., assistant treasurer).	ne and address of
Full Name of Treasurer	AUGUST J DEUSER	
Mailing Address	18822 WREN CIRCLE	
	MOKENA IL 60448	
Title or Position		ZIP CODE 108

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Full Name of Designated Agent					
Mailing Address					
	CITY STATE	ZIP CODE			
Title or Position					
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.					
Name OF Dalik, L	BMO HARRIS	<u>. , , , , , , , , , , , , , , , , , , ,</u>			
Mailing Address	P O 4320				
	CAROL STREAM IL 60197				
	CITY STATE	ZIP CODE			
Name of Bank, [Depository, etc.				
Mailing Address					
	CITY STATE	ZIP CODE			