## 28038952273

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FEC FORM 1

## STATEMENT OF ORGANIZATION

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Office Use Only NAME OF Example:If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wheelan For Congress ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS antor Congress.c COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 2008 2., DATE C **FEC IDENTIFICATION NUMBER** 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 Signature of Treasuler 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. T Office For further information contact: **FEC FORM 1** Federal Election Commission Use To!! Free 800-424-9530 (Revised 12/2007) Only Locai 202-694-1100

FEC F	orm 1 (Revised 12/2007)	Page 2
	COMMITTEE	
	te Committee: د	
(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. (Cominformation below.)	plete the candidate
Name of Candidate	Charles Wheelan	
Candidate Party Affilia	ation DEM Office Sought: House 7 Senate 7 President	State <u>L</u>
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)		(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	prompressy magnitude prompress
2.	FEC ID number C	
3.	FEC ID number	general es a l'access de combane de la comb
4.	FEC ID number C	
5.		handlandellandellandellander Alexand
	To reside a financial français de la companya del companya del companya de la com	hammilton mellement bear all reconstitues of

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Write or Type Committee Nam	е	
6. Name of Any Connected	Organization, Affiliated Committee, Leadership PAC Sponsor or Join	nt Fundraising Representative
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship:	And the second s	
Connected Organization	Affiliated Committee	Joint Fundraising Representative
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	entify by name, address (phone number optional) and position of the	person in possession of committee
Full Name	-M. Pascal	
Mailing Address	Mars seruce st	
•		
	Winnetka	60093-
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	2471-1441-18382
8. Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	ee; and the name and address of
Full Name of Treasurer	Pascal	<u></u>
Mailing Address	1/215 Spruce St	
	CITY STATE	- [6093]-[
Title or Position		<u> </u>
FERANGAR PDF		

9.

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Full Name of Designated Agent		: 1 1 1 1 1 1 1	<u> </u>			
Mailing Address		<del></del>	1.1.1.1.1.1.1.1.1.1			
	1-	.1				
			1			
	CITY	STATE	ZIP CODE			
Title or Position						
	<u>i i i i i i i i i i i i i i i i i i i </u>	ephone number :				
		<del>/T</del>				
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.						
ttar	ms Bank					
Mailing Address	1520 Green Bay	<b>₹0</b>	<u> </u>			
			<u> </u>			
	Winnetka	II	1600931-1			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
		<u>.                                    </u>				
Mailing Address						
		<u> </u>	<u> </u>			
	CITY	STATE	ZIP CODE			

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