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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Marter for Congress 233 Fox Chase Drive North ADDRESS (number and street) (Check if address is changed) Oswego 60543 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS james@marter4congress.US (Check if address is changed) Optional Second E-Mail Address jtmarter@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.Marter4Congress.US (Check if address is changed) DATE 2021 C00657361 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. Weber, Steve, , , Type or Print Name of Treasurer Weber, Steve,,, [Electronically Filed] 10 18 2021 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 Only

Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009)	Page 2
TYPE	OF C	COMMITTEE	
Can	didate	e Committee:	
(a)	x	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 information below.)	e the candidate
Name Cand		Marter, James, Thomas, Mr.,	
Cand		ion REP Sought: X House Senate President	State
Party	Affiliati	ion REP Sought: X House Senate President	District 14
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			nocratic, ublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock La	bor Organization
		Membership Organization Trade Association Co	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam	ре	
Marter for Cong	gress	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	person in possession of committee
Weber, S	teve,,,	
Full Name	600 E. Lincoln Hwy	
Mailing Address		
	New Lenox , , IL ,	60451
Title or Position	CITY STATE	ZIP CODE
Owner/Manager	Telephone number	815 320 - 6077
. Treasurer: List the name ar 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 Weber, So	teve, , ,	
Mailing Address	600 E. Lincoln Hwy	
	New Lenox	60451
Title or Position	CITY STATE	ZIP CODE

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Full Name of Designated	Marter, James, , ,		1
Agent			
Mailing Address	233 Fox Chase Drive North		
	Oswego	J LL	60543
	CITY	STATE	ZIP CODE
Title or Position CEO		number 81	5 - 585 - 8006
Name of Bank, [Fifth Third		
Mailing Address	2660 US Route 34		
	Oswego		60543
	CITY	STATE	ZIP CODE
Name of Bank, [Depository, etc.		
Mailing Address			
		1 1 . 1	1 1 1

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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ō(g)	or(h). Joint Fundraisin	g Participant:	FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
ŝ.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative,	or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representat	ive Leadership PAC Sponsor
3.		by name, address (phone number – optional)		
3.	Designated Agent: Identify Marter, Ji			
3.	Designated Agent: Identify Marter, Ji Full Name	ill, , ,		
3.	Designated Agent: Identify Marter, Ji Full Name	ill, , ,		60543
3.	Designated Agent: Identify Marter, Ji Full Name Mailing Address	233 Fox Chase Drive North Oswego	STATE A	60543 ZIP CODE A
8.	Designated Agent: Identify Marter, Ji Full Name	233 Fox Chase Drive North Oswego CITY	STATE ▲	
3.	Designated Agent: Identify Marter, Ji Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	233 Fox Chase Drive North Oswego CITY Tel ries: List all banks or other depositories in which t	STATE ▲ ephone Number 6	ZIP CODE ▲ 30
3.	Designated Agent: Identify Marter, Ji Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	233 Fox Chase Drive North Oswego CITY Tel ries: List all banks or other depositories in which t	STATE STATE dephone Number he committee deposits	ZIP CODE ▲ 30
3. 9.	Designated Agent: Identify Marter, Ji Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	233 Fox Chase Drive North Oswego CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE STATE dephone Number he committee deposits	ZIP CODE ▲ 30
3. 9.	Designated Agent: Identify Marter, Ji Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	233 Fox Chase Drive North Oswego CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE STATE dephone Number he committee deposits	ZIP CODE ▲ 30
3.	Designated Agent: Identify Marter, Ji Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	233 Fox Chase Drive North Oswego CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE STATE dephone Number he committee deposits	ZIP CODE ▲ 30