

**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

Sumption for Congress

ADDRESS (number and street)

360 W. Hawthorne Court

☐ (Check if address is changed)

Lake Bluff

IL

60044

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☒ (Check if address is changed)

sumptionforcongressil10@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE

M	M
0	9

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	1	0

3. FEC IDENTIFICATION NUMBER

C C00469940

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 **Milton J. Sumption**Signature of Treasurer Electronically Filed by **Milton J. Sumption**

Date

M	M
0	9

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	1	0

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (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**Milton J. Sumption**Candidate
Party Affiliation**DEM**Office
Sought:☒

House

☐

Senate

☐

President

State

IL

District

10

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (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 connected 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	C <input type="text"/>
2.	<input type="text"/>	FEC ID number	C <input type="text"/>
3.	<input type="text"/>	FEC ID number	C <input type="text"/>
4.	<input type="text"/>	FEC ID number	C <input type="text"/>

Write or Type Committee Name

Sumption for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Milton J. Sumption

Mailing Address

360 W. Hawthorne Court**Lake Bluff****IL****60044**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Custodian of RecordsTelephone number **847** - **482** - **0662**

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

John L. Waller

Mailing Address

1342 W. Norwood Street**Chicago****IL****60660**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TreasurerTelephone number **312** - **371** - **0846**

Full Name of
Designated
Agent

Jane K. McCahill

Mailing Address

161 N. Clark Street

Suite 4200

Chicago

IL

60602

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

312

873

3607

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.

Harris N.A.

Mailing Address

824 North Western Avenue

Lake Forest

IL

60045

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲