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FEC MAIL CENTER

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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

R e v o l u t i o n P A C

ADDRESS (number and street)

3 1 4 9 D u n d e e R d

(Check if address is changed)

S u i t e 1 7 6

N o r t h b r o o k I L 6 0 0 6 2

CITY STATE ZIP CODE

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

(Check if address is changed)

a d m i n @ r e v o l u t i o n p a c . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

h t t p : / / w w w . R e v o l u t i o n P A C . c o m

2. DATE

0 3 / 1 3 / 2 0 1 2

3. FEC IDENTIFICATION NUMBER

C 0 0 4 9 9 3 3 5

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 Dan Johnson

Signature of Treasurer

Date

0 3 / 1 3 / 2 0 1 2

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12030760279

5. TYPE OF COMMITTEE

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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (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.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

12030760280

Write or Type Committee Name

Revolution PAC

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

Empty grid lines for organization name.

Mailing Address

Empty grid lines for 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

D a n , J o h n s o n

Mailing Address

3 1 4 9 D u n d e e R d ,

S u i t e 1 7 6 ,

N o r t h b r o o k , I L 6 0 0 6 2 -

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number

7 7 3 - 3 2 7 - 5 8 2 9

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

D a n , J o h n s o n

Mailing Address

3 1 4 9 D u n d e e R d ,

S u i t e 1 7 6 ,

N o r t h b r o o k , I L 6 0 0 6 2 -

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number

7 7 3 - 3 2 7 - 5 8 2 9

12030760281

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

T C F Bank

Mailing Address

4 9 3 0 M i l w a u k e e A v e

[Empty grid for Mailing Address line 2]

C h i c a g o I L 6 0 6 3 0

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

P a y p a l I N C

Mailing Address

2 2 1 1 N o r t h F i r s t S t r e e t

[Empty grid for Mailing Address line 2]

S a n J o s e C A 9 5 1 3 1

CITY

STATE

ZIP CODE

12030760282

Federal Election Commission
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No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (3/2005)

3/20/12
 DATE PREPARED

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