STATEMENT OF

RECEIVED

FEC FORM 1		ORGANIZATION			2011 SEP -8 AM 11: 34 FEC MAJL CENTER		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5		
Hoffman fo	or Con	gress	1 1 1				
		<u> </u>	<u> </u>		1 1 1 1		
ADDRESS (number a	nd street)	P.O. Box 49)4		1 1 1 1 1		
(Check if a is changed)		Collinsville			14	62234	- -
			CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only on jay@jayhof			com , ,		
COMMITTEE'S WEE	address	RESS (URL) jayhoffmant	^F orcon	gręss,com,			
2. DATE	9 "] ' 2	2011					
3. FEC IDENTIFIC	CATION NU	мвея		and the second second second second			
4. IS THIS STATE	MENT 🔀	NEW (N) OF	₹	AMENDED (A)			
Type or Print Name Signature of Treasure	of Treasurer	Tonya Ger	•	_	Date 09	and complete.	2011.
NOTE: Submission of		ous, or incomplete informa	-				2 U.S.C. §437g.
Office Use Only				For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FC	

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	TYPE OF C		
	a) X	Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	
·	ь)	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp	plete the candidate
1	Name of	information below.)	
(Candidate		- I - I - I - I - I - I - I - I - I - I
-	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		
i	Party Com		(Democratic,
(d)	N G ' ' ' Q 15	Republican, etc.) Party.
F	Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addittoπ, this committee is a Lobbyist/Registraot PAC.	
((f) <u> </u>	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 canmittee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
 J	oint Fund	Iraising Representative:	
((This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
(h	, _□	committees/organizations, at least obe of which is an authorized committee of a fedoral candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political
,	". Ц	committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.	FEC ID number C	

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Write or Type Committee Na		
Hoffman for Co	ngress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Mailing Address		<u> </u>
·	CITY STATE	ZIP CODE
Relationship: Connec	ed Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
. Custodian of Records: lo books and records.	entify by name, address (phone number optional) and position of the pers	on in possession of committee
Full Name Trea	surer	
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	<u> </u>
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	nd the name and address of
Full Name of Treasurer	a Genovese	
Mailing Address	2549 Boyle Avenue	
	Granite City LL STATE	62040 - LIP CODE
Title or Position	Telephone number [618]	

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				1.400 CONTROL OF STREET
	Full Name of Designated Agent	Scott Kennedy		
	Mailing Address	2013 West Superior 1R		
			<u> </u>	
		Chicago CITY	IL STATE	[60612]-[]
	Title or Position Assistant T	reasurer Telephone n	umber	<u></u>
9.	Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the commixes or maintains funds. Depository, etc.	ittee deposits	funds, holds accounts, rents
		Regions Bank	1.11.1.1	
	Mailing Address	1 Eastport Plaza Drive	1 1 1 1 1	
			1111	
		[Collinsville		62234
		CITY	STATE	ZIP CODE
	Name of Bank, I	Depository, etc.		
	Mailing Address			
		CITY	STATE	ZIP CODE

PREPARER

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** 9/2/11 Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED