

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
0 APR 20 PM 2:01
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
FRIENDS OF KATHLEEN THOMAS FOR SENATE

ADDRESS (number and street) (Check if address is changed) 31 APACHE DRIVE
CITY STATE ZIP CODE
SPRINGFIELD IL 62711-8132

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) THOMASFORUSSENATE@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) KATHLEENTHOMASFORSENATE.COM

2. DATE 04 15 2010

3. FEC IDENTIFICATION NUMBER CS01L0031

4. IS THIS STATEMENT NEW (N) OR A 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 GERALD ALDRICH

Signature of Treasurer [Signature] Date 04 15 2010

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

10020310311

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 KATHLEEN THOMAS

Candidate Party Affiliation REPUBLICAN Office Sought: House Senate President State ILLINOIS 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 C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

10020310312

Write or Type Committee Name

FRIENDS OF KATHLEEN THOMAS FOR SENATE

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

NONE

Mailing Address

[Empty address fields]

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 GERALD EDWARD ALDRICH

Mailing Address 31 APACHE DRIVE

SPRINGFIELD IL 62711-8132

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 217-787-4829

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 GERALD EDWARD ALDRICH

Mailing Address 31 APACHE DRIVE

SPRINGFIELD IL 62711-8132

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 217-787-4829

10020310313

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.

ILLINOIS NATIONAL BANK

Mailing Address

322 E CAPITOL AVE

[Empty grid for Mailing Address line 2]

SPRINGFIELD IL 62701

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc. line 1]

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

10020310314

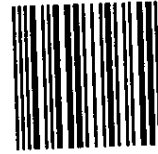
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United States Senate

OFFICE OF THE SECRETARY

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04-14-10

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FEDERAL EXPRESS _____

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RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

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Date of Receipt

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Date of Receipt or Postmark

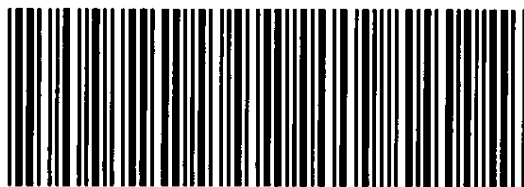
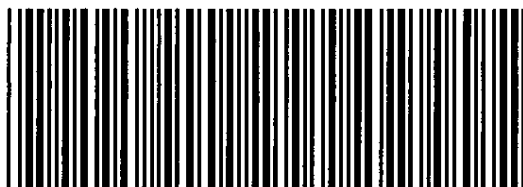
PREPARER

RD

DATE PREPARED

04-20-10

10020310316



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