

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 JUN -9 AM 10:44

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Andrea Zopp for US Senate

PO Box 6228

ADDRESS (number and street)

(Check if address
is changed)

Chicago

CITY ▲

IL

STATE ▲

60606

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

fec@cfoconsults.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

http://www.andreazoppforsenate.com/

2. DATE

06 01 2015

3. FEC IDENTIFICATION NUMBER ▶

C

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 Heidi Rudolph

Signature of Treasurer

Date

06 03 2015

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 06/2012)

15020173314

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 Andrea Zopp

Candidate Party Affiliation DEM Office Sought: House Senate President State IL District 00

- (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

- _____ FEC ID number C
- _____ FEC ID number C
- _____ FEC ID number C
- _____ FEC ID number C

15020173315

Write or Type Committee Name

Andrea Zopp for US Senate

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 Brendan Galvin

Mailing Address One Park Row 5th Floor

Providence RI 02903

Title or Position CITY STATE ZIP CODE

Accountant Telephone number 401 - 454 - 0991

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 Heidi Rudolph

Mailing Address PO Box 6228

Chicago IL 60606

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number _____ - _____ - _____

15020173316

Full Name of Designated Agent

Brendan Galvin

Mailing Address

One Park Row 5th Floor

Providence

CITY

RI

STATE

02903

ZIP CODE

Title or Position

Accountant

Telephone number

401

454

0991

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.

Northern Bank & Trust

Mailing Address

50 South LaSalle

Chicago

CITY

IL

STATE

60603

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

15020173317

15020173318

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS

OUR FASTEST SERVICE IN THE U.S.

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CUSTOMER USE ONLY (PLEASE PRINT)

FROM: _____ PHONE () _____

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED (Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases COO service; OR 3) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.)

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)

10:00 AM Delivery Required (additional fee, where available)

*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) _____ PHONE () _____

ZIP: 4* (U.S. A) _____ (SSES ONLY)

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

Postage \$19.99

Scheduled Delivery Date (MM/DD/YY) 6/5/13

Date Accepted (MM/DD/YY) 6/5/13

Scheduled Delivery Time 10:30 AM 3:00 PM

Time Accepted 10:11 AM 12 NOON

Return Receipt Fee \$

Live Animal Transportation \$

Weight lbs. \$

Sunday/Holiday Premium Fee \$

Total Postage & Fees \$19.99

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature

Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Postmark

USPS PRIORITY MAIL _____
Postmark **6-4-15**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

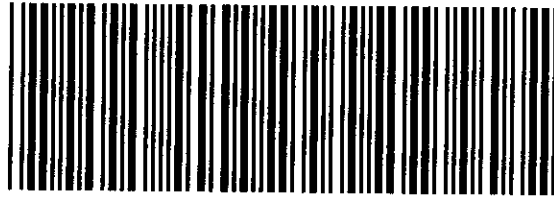
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Date of Receipt

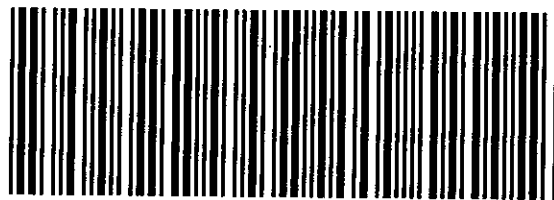
OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **6-9-15**

15020173319



SEN PATCH



SEN PATCH

15020173320