

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Porter for Congress Committee FEDERAL ELECTION	2. DATE March 3, 1999
(b) Number and Street Address <input type="checkbox"/> (Check if business or change) 910 Skokie Boulevard, Suite 201	3. FEC IDENTIFICATION NUMBER C000079020
(c) City, State and ZIP Code Northbrook, IL 60062	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (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
John Edward Porter | Candidate Party Affiliation
Republican | Office Sought
U.S. House of Representatives | State/District
IL 10 |
|---|---|--|-------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Edward Paul Kelly	802 Bartlett Terr., Libertyville, IL 60048	Chief/ Financial Oper.

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	Mailing Address	Title or Position
Donald J. Grossman	910 Skokie Blvd., Northbrook, IL 60062	Treasurer
Betty Lou Reed	927 Holly Court, Deerfield, IL 60015	Asst. Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, terms safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
First Midwest Bank of Deerfield	275 Waukegan Road, Deerfield, IL 60015
Devon Bank	70 S. Waukegan Road, Deerfield, IL 60015
Grand National Bank	1300 Meadow Lane, Northbrook, IL 60062

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 Donald J. Grossman	SIGNATURE OF TREASURER 	DATE March 4, 1999
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-5-99
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<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
Jm D PREPARER	3-8-99 DATE PREPARED