10/19/2005 16 : 21

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typying, type over the lines 12FE4M5

Peter O'Malley For Congress

ADDRESS (number and street)

P.O. Box 4919

(Check if address is changed)

Wheaton IL 60187 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bko451@sbcglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.omalleyforcongress.com

COMMITTEE'S FAX NUMBER

6305869773

2. DATE M M / D D / Y Y Y Y 10 18 2005

3. **FEC IDENTIFICATION NUMBER** **C** **C00410811**

4. IS THIS STATEMENT X 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 **Beth Ann O'Malley**

Signature of Treasurer Electronically Filed by **Beth Ann O'Malley** Date M M / D D / Y Y Y Y 10 19 2005

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) X 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: Peter Michael O'Malley

Candidate Party Affiliation: DEM

Office Sought: X House Senate President

State: IL

District: 8

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican,etc.) Party.

(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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY▲ STATE▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Peter O'Malley For Congress

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: **Beth Ann O'Malley**

Mailing Address: **451 Hevern Drive**

Wheaton **IL** **60187** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Asst Treasurer

Telephone number: **630** – **668** – **9238**

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: **Beth Ann O'Malley**

Mailing Address: **451 Hevern Drive**

Wheaton **IL** **60187** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: **630** – **469** – **8824**

Full Name of Designated Agent

Mailing Address

–

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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.

Bank One

Mailing Address 1800 S. Naperville Rd

Wheaton IL 60187 -

CITY STATE ZIP CODE