

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Libertarian Party of Illinois

ADDRESS (number and street)

P.O. Box 5324

(Check if address is changed)

Bloomington

CITY ▲

IL

STATE ▲

61702

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@lpillinois.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.lpillinois.org

2. DATE

MM / DD / YYYY
06 / 06 / 2016

3. FEC IDENTIFICATION NUMBER ▶

C C00315713

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 Clark, Rusty, L, ,

Signature of Treasurer

Clark, Rusty, L, ,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 14 / 2020

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)

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 _____

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 _____

Party Committee:

- (d) This committee is a STA (National, State or subordinate) committee of the LIB (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 _____

Write or Type Committee Name

Libertarian Party of Illinois

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

GARY JOHNSON VICTORY FUND

Mailing Address 107 S WEST ST
 STE 922
 ALEXANDRIA VA 22314
 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 Green, Lex, , ,
 Mailing Address 2707 Crooked Creek Road
 Bloomington IL 61705
 CITY STATE ZIP CODE
 CHAIR Telephone number 309 - 530 - 7114

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 Clark, Rusty, L, ,
 Mailing Address 813 Bluegrass Ln.
 Champaign IL 60076
 CITY STATE ZIP CODE
 Title or Position TREASURER Telephone number 217 - 954 - 1216

Full Name of Designated Agent

Fox, Julia, A., ,

Mailing Address

536 S. 5TH ST.

Dundee

CITY

IL

STATE

60118

ZIP CODE

Title or Position

Deputy Treasurer

Telephone number

847

528

1126

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.

JP Morgan Chase Bank

Mailing Address

2402 E. Oakland Avenue

Bloomington

CITY

IL

STATE

61701-5836

ZIP CODE

Name of Bank, Depository, etc.

Access National Bank

Mailing Address

4221 Walney Road

Suite 120

Chantilly

CITY

VA

STATE

20151

ZIP CODE