Only

## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Danny for Congress 2001 Serenity Lane ADDRESS (number and street) (Check if address is changed) Woodstock 60098 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS contact@danny2020.com (Check if address is changed) Optional Second E-Mail Address dsmalouf@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.danny2020.com (Check if address is changed) DATE 2019 C00697235 FEC IDENTIFICATION NUMBER > 3. X 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. Malouf, Daniel, , , Type or Print Name of Treasurer Malouf, Daniel, , , [Electronically Filed] 03 10 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Re	vised 02/2009)	Page <b>2</b>
TYPE OF COMMITT		
Candidate Comm	uittee:	
(a) This co	emmittee is a principal campaign committee. (Complete the candidate information below.)	
	ommittee is an authorized committee, and is NOT a principal campaign committee. (Compation below.)	plete the candidate
Name of Candidate	alouf, Daniel, , ,	
Candidate Party Affiliation	LIB Office Sought: House X Senate President	State IL District 00
(c) This co	emmittee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee		
(d) This co	· · · · ·	Democratic, Republican, etc.) Party.
Political Action C	ommittee (PAC):	
(e) This co	mmittee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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.	
	ommittee supports/opposes more than one Federal candidate, and is NOT a separate sequee. (i.e., nonconnected committee)	gregated fund or party
	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:	
	mmittee collects contributions, pays fundraising expenses and disburses net proceeds for tw tees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	mmittee collects contributions, pays fundraising expenses and disburses net proceeds for two lees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees	Participating in Joint Fundraiser	
1.	FEC ID number	
2.		
3.	FEC ID number	
4.	FEC ID number	

FEC <b>Form 1</b> (Revised	1 02/2009)	Page <b>3</b>
Write or Type Committee Nar		- 3
Danny for Con	gress	
	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponso
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) and position of the p	person in possession of committee
	Daniel, , ,	
Full Name	2001 Serenity Lane	
Mailing Address		
	, Woodstock	,60098
	Woodstock	
Title or Position	CITY STATE	ZIP CODE
		815 - 245 - 6938
3. <b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Malouf, [	Daniel, , ,	
of Treasurer	2001 Serenity Lane	
Mailing Address		
	Woodstock	60098
Title or Position	CITY STATE	ZIP CODE
	Telephone number	815 - 245 - 6938

FEC <b>For</b> n	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		
safety deposit bo Name of Bank, I		associate, forto
safety deposit bo	Depository, etc.  Home State Bank  40 Grant Street  Crystal Lake	
safety deposit bo Name of Bank, [	Depository, etc.  Home State Bank  40 Grant Street  Crystal Lake  IL 60014	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Home State Bank  40 Grant Street  Crystal Lake  CITY  STATE  Z	ZIP CODE
safety deposit bo Name of Bank, [	Depository, etc.  Home State Bank  40 Grant Street  Crystal Lake  CITY  STATE  Z	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Home State Bank  40 Grant Street  Crystal Lake  CITY  STATE  Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Home State Bank  40 Grant Street  Crystal Lake  CITY  STATE  Z	
Safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Home State Bank  40 Grant Street  Crystal Lake  CITY  STATE  Z	
Safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Home State Bank  40 Grant Street  Crystal Lake  CITY  STATE  Z	