**FEC** 

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Pekau For Congress PO Box 2416 ADDRESS (number and street) (Check if address is changed) Orland Park 60462 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address kpekau@keithpekau.com is changed) Optional Second E-Mail Address kpekau34@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) keithpekau.com (Check if address is changed) DATE 09 2024 C00794479 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Katsenes, Cynthia, , Katsenes, Cynthia, , , Date 09 09 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(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 conformation below.)	andidate
	Name of Candidate Pekau, Keith, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State IL  District 06
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diodrict Co
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	organization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	nization
	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 for committee. (i.e., nonconnected committee)	und or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC)	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Committees Participating in Joint Fundraiser	
	1 C	

ı	FEC Form 1 (Revised (	02/2009)		Page <b>3</b>
W	Vrite or Type Committee Name			
	Pekau For Cong	ress		
6.	-	rganization, Affiliated Committee, Joint		ive, or Leadership PAC Sponsor
	TAKE BACK IL-06 R	EPUBLICAN NOMINEE FUND	2022	
	1			
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	20824
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Repres	
	neiationship.	Allillated Organization	John Fundraising Repres	Leadership FAO Sponso
7.	Custodian of Records: Identi books and records.	tify by name, address (phone number opt	ional) and position of the pe	rson in possession of committee
	books and records.			
	Katsenes,	Cynthia, , ,		
	Tuli Name	10955 Persimmon Court		
	Mailing Address			
		Orland Park	<u>  I</u> L.	60467
		OITV/ A	OTATE	A 71D CODE A
	Title or Position ▼	CITY ▲	STATE	▲ ZIP CODE ▲
	Treasurer	1		ı 708 <sub>   </sub> 774 <sub>   </sub> 1444
			Telephone number	
_				
8.	any designated agent (e.g.,	d address (phone number optional) of assistant treasurer).	the treasurer of the commit	ttee; and the name and address of
	Full Name Katsenes,	Cynthia, , ,		
	of Treasurer			
	Mailing Address	10955 Persimmon Court		
		1		
		Orland Park	, , , , , , , , <u>, , , , , , , , , , , </u>	60467
		OITV A	OTATE	7ID CODE A
	Title or Position ▼	CITY ▲	STATE	▲ ZIP CODE ▲
	Treasurer		Telephone number	708   774   1444

Full Name of Designated Pekau, Keith, , , Agent	
Mailing Address PO Box 2416	1
Orland Park	
CITY ▲ STATE ▲ ZIP CO	DDE 🛦
Candidate Telephone number	-
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds.	nts, rents
Name of Bank, Depository, etc.	
Bank of America    15862 S. LaGrange Road   15	
Orland Park	
CITY ▲ STATE ▲ ZIP CC	DDE 🛦
Name of Bank, Depository, etc.	
Evolve Bank & Trust	
Mailing Address   301 Shoppingway Boulevard	
West Memphis AR 72301	
CITY ▲ STATE ▲ ZIP CO	DDE 🛦

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

Amendment to change the Treasurer

Form/Schedule: Transaction ID:

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisir</b>	g Participant:			
1.		FEC	ID number	С
2.		FEC	ID number	C
3.		FEC	ID number	С
4.		FEC	ID number	C
Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising F	Representativ	e, or Leadership PAC Spons
PEKAU VICTORY F	JND			
Mailing Address	9501 W 144TH PL			
	ORLAND PARK		L IL	60462
Deletienskin	CITY ▲		STATE ▲	ZIP CODE ▲
Designated Agent: Identif	d Organization Affiliated Committee	_	sing Represent	ative Leadership PAC Spo
Connecte  Connecte  Connecte  Connecte  Connecte  Katsene  Full Name	d Organization Affiliated Committe  y by name, address (phone number - s, Cynthia, , ,		sing Represent	ative Leadership PAC Spo
Connecte  Connecte  Connecte  Connecte  Connecte  Connecte	d Organization Affiliated Committee		sing Represent	ative Leadership PAC Spo
Connecte  Connecte  Connecte  Connecte  Connecte  Katsene  Full Name	d Organization Affiliated Committee  y by name, address (phone number - s, Cynthia, , ,  10955 Persimmon Court			
Connecte  Connecte  Connecte  Connecte  Connecte  Katsene  Full Name	d Organization Affiliated Committe  y by name, address (phone number - s, Cynthia, , ,			Leadership PAC Spo
Connecte  Designated Agent: Identif  Katsene Full Name  Mailing Address  TITLE OR POSITION	d Organization Affiliated Committe  y by name, address (phone number - s, Cynthia, , ,  10955 Persimmon Court  Orland Park			
Connecte  Designated Agent: Identif  Katsene Full Name  Mailing Address	d Organization Affiliated Committe  y by name, address (phone number - s, Cynthia, , ,  10955 Persimmon Court  Orland Park		IL STATE A	60467
Connecte  Designated Agent: Identifi  Katsene Full Name  Mailing Address  TITLE OR POSITION Treasurer	Affiliated Committee  by by name, address (phone number -  s, Cynthia, , ,  10955 Persimmon Court  Orland Park  CITY   ries: List all banks or other depositor aintains funds.	optional)  Telephone	IL STATE A	60467 ZIP CODE <b>A</b>
Connecte  Designated Agent: Identif  Katsene Full Name  Mailing Address  TITLE OR POSITION Treasurer  Janks or Other Deposite afety deposit boxes or malame of Bank, Depository, etc.	Affiliated Committee  by by name, address (phone number -  s, Cynthia, , ,  10955 Persimmon Court  Orland Park  CITY   ries: List all banks or other depositor aintains funds.  Fargo	optional)  Telephone	IL STATE A	60467 ZIP CODE <b>A</b>

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lama of Any Connector	d Organization, Affiliated Committee, Joint Fund	Iraicing Panrocentative	o or Londorphin PAC Spone
CRUZ 25 FOR 22 V		Haising Representative	e, or Leadership FAC Spons
Mailing Address	P.O. BOX 341027		
	AUSTIN	TX TX	78734
	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization	nt Fundraising Represent	ative Leadership PAC Spo
Connected Agent: Identification	ed Organization	nt Fundraising Represent	ative Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	ed Organization	nt Fundraising Represent	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	ed Organization	nt Fundraising Represent	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connecte  resignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  canks or Other Deposite afety deposit boxes or markets	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Resignated Agent: Identification of Position	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.  Bridge Bank	STATE A	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	sing Participant:					
1.			FEC ID	number	С	
2.			FEC ID	number	С	
3.			FEC ID	number	C	
4.			FEC ID	number	С	
			_ 			
ame of Any Connect	ed Organization, Affilia	ated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC S	pons
TAKE BACK THE	HOUSE 2022			1 1 1		1 1
<u> </u>						
	20 20 4 20 4 4					
Mailing Address	PO BOX 30844					
				MD	20824	
	BETHESDA					
	cted Organization A	CITY   Affiliated Committee   (phone number – option	Joint Fundraising	STATE ▲ Representa	ZIP CODE	
Conne	cted Organization A	Affiliated Committee X	Joint Fundraising			
Conne	cted Organization A	Affiliated Committee X	Joint Fundraising			
Conne esignated Agent: Ide Full Name	cted Organization A	Affiliated Committee X	Joint Fundraising			
Conne esignated Agent: Ide Full Name	cted Organization A	Affiliated Committee X	Joint Fundraising			
esignated Agent: Ide Full Name Mailing Address	cted Organization  Antify by name, address (	Affiliated Committee X	Joint Fundraising			C Sp
Conne esignated Agent: Ide Full Name	cted Organization  Antify by name, address (	Affiliated Committee X	Joint Fundraising	Representa	Leadership PA	C Sp

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisir</b>	.g		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spon
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization X Affiliated Committee	loint Fundraising Represen	tative Leadership PAC S
			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional  CITY   CITY    ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional  CITY   CITY    ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional  CITY   CITY    ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional  CITY   CITY    ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.						
				FEC II	O number	С
2				FEC II	O number	С
3				FEC II	O number	C
4				FEC II	O number	C
	-	Organization, Affi	liated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spons
	od Victory Fund					
Ма	iling Address	PO Box 183				
		Hudson			WI	54016
Rel	ationship:		CITY A		STATE A	ZIP CODE ▲
esignat	ed Agent: Identify	by name, address	s (phone number – optio	nal)		
esignat Full N		by name, address	s (phone number – optio	nal)		
Full N		by name, address	s (phone number – optio	nal)		
Full N	Name	by name, address	s (phone number – optio	nal)		
Full N	Name	by name, address	s (phone number – optio	nal)		
Full N	Name		s (phone number – optio	nal)	STATE A	ZIP CODE A