

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

(See instructions)

RECEIVED  
FEC MAIL ROOM

2002 AUG -9 A 10:00

Office Use Only

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

123456

Citizens for Quick to Congress

ADDRESS (number and street)

PMB 191 2112 W Galena Blvd

(Check if address  
is changed)

Aurora

IL 60506

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

quick@ameritech.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.quicktocongress.org

2. DATE

08 08 2002

3. FEC IDENTIFICATION NUMBER ▶

C

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

Lawrence T. Quick

Signature of Treasurer

Lawrence T. Quick

Date 08 08 2002

NOTE: Submission of false, anonymous, or inappropriate 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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 866-424-6530  
Local 202-694-1100FEC FORM 1  
(Revised 7/01)

## 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

Laurence J Quick

Candidate  
Party Affiliation

DEM

Office  
Sought:☒

House

Senate

President

State

District

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

Name of  
Candidate(National, State  
or subordinate) committee of the(Democratic,  
Republican, etc.) Party

- (d) ☐ This committee is a

- (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

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 Laurence J Quick  
 Mailing Address 321 LeGrande Blvd  
Aurora IL 60506  
 Title or Position Candidate CITY IL STATE IL ZIP CODE 60506  
 Telephone number 630-859-8951

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 Laurence J Quick  
 Mailing Address 321 LeGrande Blvd  
Aurora IL 60506  
 Title or Position Candidate CITY IL STATE IL ZIP CODE 60506  
 Telephone number 630-859-8951

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.

Fifth Third Bank (Chicago)

Mailing Address

346 W Carol Lane

Elmhurst

IL 60126

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

## 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 checked="" type="checkbox"/> Hand Delivered                                  | Date of Receipt<br>8-9-02            |
| <input type="checkbox"/> First Class Mail                                           | POSTMARKED                           |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED (R/C)                     |
| <input type="checkbox"/> No Postmark                                                |                                      |
| <input type="checkbox"/> Postmark Illegible                                         |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other (Specify):                                           | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                          |                                      |
| <i>Set</i><br>PREPARER                                                              | 8-9-02<br>DATE PREPARED              |