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STATEMENT OF **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. Rich Gonzalez for Congress 3051 N Central ADDRESS (number and street) Suite C (Check if address is changed) Chicago 60634 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS richgonzalezforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00658955 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. Gonzalez, Roberto, , , Type or Print Name of Treasurer Gonzalez, Roberto, , , [Electronically Filed] 10 2017 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 Only

Local 202-694-1100

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		OMMITTEE					
(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 Cand	e of lidate	Gonzalez, Richard, , Mr.,					
	lidate Affiliati	on DEM Office Sought: X House Senate President	State IL District 04				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of lidate						
Parl	ty Con	nmittee:  (National, State	Democratic,				
(d)		· · · ·	Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part 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.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.						
	4						

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Write or Type Committee Na		, and the second
Rich Gonzale:	z for Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of t	the person in possession of committee
Gonzal Full Name	lez, Roberto, , ,	
Mailing Address	5224 N Meade	
Ü		
	Chicago IL	60630
Title or Position	CITY STATE	E ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name any designated agent (e.c.	and address (phone number optional) of the treasurer of the commg., assistant treasurer).	nittee; and the name and address of
Full Name Gonzal of Treasurer	ez, Roberto, , ,	
Mailing Address	5224 N Meade	
	Chicago	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE ZI	P CODE				
Title or Position	Telephone number					
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 of America						
Mailing Address	2 S Michigan Ave					
	Chicago   IL   60603					
	CITY STATE ZI	P CODE				
Name of Bank, I	Depository, etc.					
Mailing Address						
	CITY STATE ZI	P CODE				