

# 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

Jack Lombardi for US Congress

ADDRESS (number and street) 185 S State St  
 (Check if address is changed) P.O. BOX 112  
Manhattan IL 60442  
CITY ▲ STATE ▲ ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) jack@lombardiforcongress.com  
Optional Second E-Mail Address treasurer@lombardiforcongress.com

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) https://lombardiforcongress.com/

2. DATE 01 / 05 / 2023

3. FEC IDENTIFICATION NUMBER C C00830778

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 Lombardi, Sharon, , Mrs.,

Signature of Treasurer Lombardi, Sharon, , Mrs., [Electronically Filed] Date 01 / 05 / 2023

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.

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 Lombardi, Jack, L, Mr., II

Candidate Party Affiliation REP Office Sought:  House  Senate  President State IL District 14

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (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.)

- (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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  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. \_\_\_\_\_
2. \_\_\_\_\_

C \_\_\_\_\_  
C \_\_\_\_\_

Write or Type Committee Name

# Jack Lombardi for US Congress

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

NONE

Grid lines for organization name

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  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.

Lombardi, Sharon, , Mrs.,

Full Name

Grid lines for full name

Mailing Address

Grid lines for mailing address: 185 S State St, P.O.BOX 112, Manhattan, IL, 60442

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid lines for title or position: treasurer

Grid lines for telephone number: 815 - 240 - 8839

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).

Lombardi, Sharon, , Mrs.,

Full Name of Treasurer

Grid lines for full name of treasurer

Mailing Address

Grid lines for mailing address of treasurer: 185 S State St, P.O.BOX 112, Manhattan, IL, 60442

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid lines for title or position of treasurer

Grid lines for telephone number of treasurer: 815 - 240 - 8839

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

BMO Harris

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address containing: 505 S State St, Manhattan, IL, 60442]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲