

FEC FORM 1

STATEMENT OF ORGANIZATION

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12 FEB 2013 FEC MAIL CENTER

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

ADDRESS (number and street) (Check if address is changed) P.O. BOX 429, FLOISSIMOUR, IL 60422-0429

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) NAPOLEONFORCONGRESS@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) NAPOLEONFORCONGRESS.COM

2. DATE 12/16/2012

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 BRANDON BROWN

Signature of Treasurer [Handwritten Signature]

Date 12/16/2012

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.

Table with 5 columns for Office Use Only

For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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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 NAPOLEON HARRIS

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State IL District 02

- (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.)

Joint Fundraising Representative:

- (g)  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.
- (h)  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. \_\_\_\_\_ FEC ID number: C
2. \_\_\_\_\_ FEC ID number: C
3. \_\_\_\_\_ FEC ID number: C
4. \_\_\_\_\_ FEC ID number: C

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Write or Type Committee Name

NAPOLION HARRIS FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  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.

Full Name

NAPOLION B. HARRIS III

Mailing Address

P.O. BOX 429

FLOSSMOOR

IL

160422

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

708-333-2900

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

BRANDON ERIC BROWN III

Mailing Address

P.O. BOX 951

HOMWOOD

IL

160430

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

708-647-8396

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Full Name of Designated Agent

NAPOLÉON B. HARRIS III

Mailing Address

P.O. BOX 429

FLOSSMOR

CITY

IL

STATE

60422-

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

708-333-2900

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.

BANK OF AMERICA

Mailing Address

18460 GOVERNORS HIGHWAY

HOMERWOOD

CITY

IL

STATE

60430-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030992501

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked |

*JMP*  
 PREPARER

*12/21/11*  
 DATE PREPARED

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