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STATEMENT OF ORGANIZATION

| FEC FORM 1 | | STATEMEN ORGANIZA | | c | PAGE 1 / 4 |
|-----------------------------------|---------------|--------------------------------|--|----------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| | | DIS | | | |
| | | PO BOX 1671 | | | |
| ADDRESS (number an (Check if a | | | | | |
| is changed | | | | IL 613 STATE ▲ | 301 |
| COMMITTEE'S E-MA | | S | | | |
| ★ (Check if a is changed | | dani.bzow@gmail.com | | | |
| 0 | , | Optional Second E-Mail Add | ress | | |
| | | | | | |
| COMMITTEE'S WEB | address | PRESS (URL) | | | |
| 2. DATE 02 | M / D 2 22 | D / Y Y Y Y 2021 | | | |
| 3. FEC IDENTIFIC | ation NU | MBER ► C co | 0718742 | | |
| 4. IS THIS STATEM | IENT X | NEW (N) OR | AMENDED (A) | | |
| I certify that I have e | examined thi | s Statement and to the best of | of my knowledge and belief it | is true, correct and | d complete. |
| Type or Print Name of | of Treasurer | BRZOZOWSKI, DANI, , , | | | |
| Signature of Treasure | er BRZO | ZOWSKI, DANI, , , | [Electronically Filed] | Date 03 | / D D / Y Y Y Y 18 2021 |
| NOTE: Submission of | | | nay subject the person signing t N SHOULD BE REPORTED W | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

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|-----|-------------------------|--|
| | FEC Fo | Page 2 |
| TYF | PE OF C | COMMITTEE |
| Ca | ndidate | e 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.) |
| | me of ndidate | |
| | ndidate ty Affiliati | ion DEM Office State IL Sought: X House Senate President |
| Гdi | ty Anniau | ion DLM Sought: K House Senate President District 16 |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | me of ndidate | |
| Pa | rty Con | nmittee: |
| (d) | | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party |
| Po | litical A | Action Committee (PAC): |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is |
| | | 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.) |
| Joi | nt Fund | draising 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. |
| | Com | nmittees Participating in Joint Fundraiser |
| | 1. | FEC ID number |
| | 2. | FEC ID number |
| | 3. | FEC ID number |
| | 4. | FEC ID number |
| | | |

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Write or Type Committee Name

DANI FOR ILLINOIS

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

| Mailing Address | | |
|-------------------------|----------------|---|
| | | |
| | | |
| | CITY | STATE ZIP CODE |
| Relationship: Connected | d Organization | g 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.

| BRZOZOV | VSKI, DANI, , , |
|-------------------|-------------------------------|
| Full Name | |
| Mailing Address | 2917 E 6TH RD |
| | |
| | LA SALLE |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number 312 402 6739 |

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 | BRZOZOWSKI, DANI, , , |
|--------------------------------|--------------------------------------|
| of Treasurer | |
| Mailing Address | 2917 E 6TH RD |
| | |
| | |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Image: Telephone number 312 402 6739 |

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| Full Name of Designated Agent | | | I | | 1 | | | | | | | | | | | | | | | | 1 | | | | | | | | |
|-------------------------------------|--|---|---|---|---|--|---|---|----|----|--|------|------|-----|------|-----|-----|-----|------|--|---|--|----|----|--|----|---|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | | | | | | | | | | | | 1 | | | | | | | | | | 1 | | |
| | | | | 1 | | | 1 | 1 | | | | | | | | | | | 1 | | L | | | | | | I | | |
| | | | | | | | | | CI | ΓY | | | | | | | | ST | AT E | | | | ZI | ΡC | | DE | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Tele | eph | ione | e n | uml | ber | | | | | | | | | | | |

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.

| Eurek | a Savings Bank | | |
|---------------------------|----------------------|-------|----------|
| Mailing Address | 250 Marquette Street | | |
| | | | |
| | LaSalle | | 61301 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | <u> </u> | | |
| | | | |
| | CITY | STATE | ZIP CODE |