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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. THE HEARTLAND PROJECT 230 WEST MONROE ADDRESS (number and street) **SUITE 2221** (Check if address is changed) **CHICAGO** 60606 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jim_rogal@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2020 C00525535 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Rogal, Jim, , , Type or Print Name of Treasurer Rogal, Jim,,, [Electronically Filed] 80 25 2020 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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	orm 1 (Revised 02/2009) COMMITTEE	Page 2			
	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.)				
Name of Candidate					
Candidate Party Affiliat	ion Office Sought: House Senate President	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Cor		_			
(d)		Democratic, Republican, etc.) Party			
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fund	draising 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	nmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

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Write or Type Committee Name		
THE HEARTLAI	ND PROJECT	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Ident books and records. 	fy by name, address (phone number optional) and position of the person in pos	session of committee
Rogal, Jim,	,,	
Full Name	1625 Ensign Drive	
Mailing Address		
	Normal , IL , 61761	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the na sistant treasurer).	me and address of
Full Name Rogal, Jim,	,,	1
of Treasurer	1625 Ensign Drive	
Mailing Address	TOZO LINIGII DIVO	
	Normal IL 61761	7ID CODE
Title or Position TREASURER	CITY STATE Telephone number	ZIP CODE

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Full Name of Designated Agent			
Mailing Address			
			- -
		CITY STATE	ZIP CODE
Title or Position		Telephone number	
Banks or Other safety deposit be Name of Bank, I	oxes or maint		ds accounts, rents
Mailing Address		₁ 230 W Monroe St	
Mailing Additos			
3		Suite 125	
J 11 /20		Suite 125 Chicago IL 60606	
J		Chicago	ZIP CODE
Name of Bank, I		Chicago IL 60606 CITY STATE	ZIP CODE
	Depository, et	Chicago IL 60606 CITY STATE	
	Depository, et	Chicago CITY STATE tc.	
Name of Bank, I	Depository, et	Chicago CITY STATE tc.	
Name of Bank, I	Depository, et	Chicago CITY STATE tc.	