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FEC	
<b>FORM</b>	-

## STATEMENT OF

FEC FORM 1		ORC	BANIZ	ATION		c	Office Use Onl	
NAME OF COMMITTEE (in	n full)	(Checis cha	k if name nged)	Example:If typing, over the lines.	type 12F	E4M5		<i>.</i>
:	for Co							
ADDRESS (number a		P.O. P	30x 2354	1				
(Check if ac is changed)			.ew .	CITY			60025 ZIP (	]-   -
COMMITTEE'S E-MA	IL ADDRES	SS (Please provi	de only one e-	mail address)				
(Check if is change		1		Ison For c	•			
COMMITTEE'S WEB (Check if a is changed	address		.co.u/	sonforce	ongires			
2. DATE <b>08</b> -	_24-09	, v ·						
3. FEC IDENTIFIC	ation NU	IMBER	С					
4. IS THIS STATEM	IENT	X <sup>NEW (N)</sup>	OR	AMENDED	) (A)			
certify that I have e.	xamined th	s Statement and	d to the best	of my knowledge and	belief it is true, o	correct and	l complete.	
Type or Print Name o	of Treasurer	Kare	en Jaco	bsen				
Signature of Treasure	Ka	re Ju	olde-		_ Date	08	الد	2009
NOTE: Submission of fa		•		nay subject the person s			penalties of	2 U.S.C. §437g.
Office Use				For further Inform Federal Election C Toll Free 800-424-	Commission		FEC FC	

	FEC Fo	rm 1 (Revised 02/2009)			· · · · · · · · · · · · · · · · · · ·	·	Page 2
	-	COMMITTEE e Committee:					
(	(a) X	This committee is a prin	cipal campaig	n committee. (Com	olete the candida	ate information belov	w.)
(	(b)	This committee is an au information below.)	thorized comn	nittee, and is NOT	a principal camp	aign committee. (Co	omplete the candidate
	Name of Candidate	Elizabeth-	Coulson			i	ل البيد حيد حداد
(	Candidate	Popublican	Office		_		State Illinoi
,	Party Affiliati	on Republican	Sought:	X House	Senate	President	District 10th
(	c)	This committee supports	opposes only	one candidate, and	d is NOT an aut	horized committee.	
	Name of Candidate	L	!	<u> </u>	L.L.	] [ ] : ; ]	<u> </u>
1	Party Con	nmittee:					
(	d)	This committee is a		(National, State or subordinate) c	ommittee of the		(Democratic, Republican, etc.) Party.
F	Political A	ction Committee (PA	C):	·			
(0	e)	This committee is a sepa	arate segregat	ed fund. (Identify co	nnected organiza	ation on line 6.) Its co	onnected organization is a:
		Corporation		Corpor	ation w/o Capita	I Stock	Labor Organization
		Membership Org	anization	Trade /	Association		Cooperative
		In addition	n, this committe	ee is a Lobbyist/Reg	istrant PAC.		
(	f)	This committee supports committee. (i.e., nonconn			candidate, and	is NOT a separate s	segregated fund or party
		In addition, this co	mmittee is a L	obbyist/Registrant F	AC.		
		In addition, this co	mmittee is a L	eadership PAC. (Ide	entify sponsor on	line 6.)	·
J	oint Fund	raising Representativ	/e:				
(g	)	This committee collects co					
(h)	)	This committee collects co committees/organizations,					two or more political
	Comr	mittees Participating in .	Joint Fundra	iser			
	1.		! . <u>; .  </u>	<u> </u>	FEC IE	number C	
	2.			<u> </u>	FEC ID	number C	
	3.				· · FEC ID	number C	
	4.		1	· ; 1	: i j FEC ID	number C	

Write or Type Committee Name

Coulson for		
6. Name of Any Connec	cted Organization, Affiliated Committee, Join	nt Fundraising Representative, or Leadership PAC Sponsor
Mailing Address	·	
		<u> </u>
	CITY	STATE ZIP CODE
Relationship: Con	nected Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
. Custodian of Records books and records.	: Identify by name, address (phone number	optional) and position of the person in possession of committee
· <b>v</b>	aran Tagahaan	•
Full Name	·	
Mailing Address	P.O. Box 2354	<del>i</del>
		<u> </u>
	Glenview	IL 60025 - 1
Title or Position	CITY	STATE ZIP CODE
Treasurer	<u> </u>	Telephone number [847] - [217] - [3.668]
. Treasurer: List the nam any designated agent (e		the treasurer of the committee; and the name and address of
Full Name K	aren Jacobsen	
Mailing Address	P.O. Box 2354	
	<u> </u>	<u>_i</u>
	Glenview	IL 60025 - 1
Title or Position	CITY	STATE ZIP CODE  Telephone number 8.4.7 - 2.17 - 3.66.8

FEC Form 1 (Re	vised 02/2009)		Page 4
	EN BELFOY		
Title or Position	Glenview CITY	STATE	[GOO25] - ZIP CODE 47] - 217] - 3668
safety deposit boxes or r Name of Bank, Deposito		·	
Mailing Address	245 Waukegan Road	· 	
	Northfield CITY	JIL.	ZIP CODE
Name of Bank, Depositor	ry, etc.		
Mailing Address	<u> </u>		_4_4
		<u> </u>	
	CITY	STATE	ZIP CODE

(3/2005)

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date MS Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED