

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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FEC MAIL CENTER

2008 JUN 30 AM 9:48

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

COMMITTEE TO ELECT DAN DRUCK

ADDRESS (number and street)

180 S WESTERN #201

(Check if address  
is changed)

CARPENTERSVILLE

IL

60110

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

DDRUCK@FIVESTARUNLTD.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.TIMEFORDAN.COM

COMMITTEE'S FAX NUMBER

877-329-5787

2. DATE

06 22 2008

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

PAMELA L. SODARO

Signature of Treasurer

*Pamela L. Sodaro*

Date

06 22 2008

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  
Use  
Only

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

FEC FORM 1  
(Revised 12/2007)

## 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

DAN DRUCK

Candidate Party Affiliation

LIB

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

- (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 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 |
| 5. |  | FEC ID number | C |

Write or Type Committee Name

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

## 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

PAMELA L SODARO

Mailing Address

180 S WESTERN #201

CARPENTERSVILLE

#FL

60110

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

847-372-2836

## 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

PAMELA L SODARO

Mailing Address

180 S WESTERN #201

CARPENTERSVILLE

#FL

60110

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

847-372-2836

Full Name of  
Designated  
Agent

RHONDA DRUCK

Mailing Address

180 S WESTERN #201

CARPENTERSVILLE

CITY

IL

STATE

60110

ZIP CODE

Title or Position

TREASURER'S ASSISTANT

Telephone number

847-428-4159

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.

OLD SECOND NATIONAL BANK

Mailing Address

3290 US HWY 20 + NESLER RD

ELGIN

CITY

IL

STATE

60124

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE

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.

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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
**PREPARER**  
(3/2005)

**6/20/08**  
**DATE PREPARED**

28039754546