

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CITIZENS FOR RUDY CLAI

ADDRESS (number and street)

150 N. LINCOLNWAY

☐

(Check if address
is changed)

NORTH AURORA

IL

60542

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

rudyclai@rudyclai.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.rudyclai.com

COMMITTEE'S FAX NUMBER

630 - 879 - 9473

2. DATE

09

19

2007

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

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 KEVIN HESSION

Signature of Treasurer

Kevin J. Hession

Date

09

19

2007

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

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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

RODOLFO P. "RUDY" CLAI

Candidate
Party Affiliation

REP.

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

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

27039531544

Write or Type Committee Name

CITIZENS FOR RUDY CLAI

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 GABRIELLE GOSSELIN CLAIMailing Address P.O. BOX 1102BATAVIA IL 60510 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CUSTODIAN OF RECORDSTelephone number 630 - 879 - 1560

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 KEVIN HESSIONMailing Address 1815 LARKSPUR DRIVEPLAINFIELD IL 60586 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURERTelephone number 708 - 259 - 0215Full Name of Designated Agent Mailing Address -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -

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.

FIRST CHOICE BANK

Mailing Address

1900 WEST STATE STREET

GENEVA

IL

60134

CITY ▲

STATE ▲

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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Jell
PREPARER
(3/2005)

10/1/07
DATE PREPARED

27039531547