STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typy over the lines	ing, type 12FE4M5
Julie Hamos fo	or Congress	
	. D.O. Poy 1991	
ADDRESS (number and s	P.O. Box 1281	<u> </u>
(Check if address X is changed)	Northbrook	
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	julie@juliehamos.org	
is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address	www.juliehamos.org	
is changed)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. DATE 1.1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00464743	
4. IS THIS STATEM	ENT NEW (N) OR X AMEN	IDED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is t	rue, correct and complete
Type or Print Name of	Treasurer Harvey Kallick	
Signature of Treasurer	Electronically Filed by Harvey Kallick	Date 111 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signals and CHANGE IN INFORMATION SHOULD BE F	
Office Use Only	Federal Ele Toll Free 80	information contact: ction Commission 10-424-9530 (Revised 02/2009)

	FEC	Form 1 (Revised 02/2009)	Page 2
5.	TYPE OF C	COMMITTEE (Check One)	
	Candidate	Committee:	
	(a) X	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 th information below.)	e candidate
	Name of Candidate	Julie Hamos	
	Candidate Party Affilia	Office Sought: X House Senate President	State IL District 10
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com	mittee:	
	(d)	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Ad	ction 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 Lab	or Organization
		Membership Organization Trade Association Cod	operative
		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 committee. (i.e., nonconnected committee)	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 Fundr	raising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Cor	mmittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number	
		4. FEC ID number C	

FEC Form 1 (Revised 02	/2009)		Page 3
Write or Type Committee Name			
Julie Hamos for Congre	ss		
6. Name of Any Connected Org	panization, Affiliated Committee, J	loint Fundraising Representative, or	Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE ▲	ZIP CODE 🛦
Relationship:			
Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
possession of Committee Full Name Mailing Address			
	Northbrook	<u>IL</u>	60065 _
Title or Position ▼ Treasurer	CITY A	STATE A Telephone number	ZIP CODE \(\)
name and address of any	and address (phone number designated agent (e.g., assista Kallick P.O. Box 1281	optional) of the treasurer of the coant treasurer).	ommittee; and the
	Northbrook	IL	60065 _
Tills as D. W. an			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Treasurer		Telephone number	

	FEC Form 1 (Revised 0	2/2009)		Page 4	
	Full Name of Designated Agent				
	Mailing Address				
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A	
		Teleph	one number		
9.		Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. lame of Bank, Depository, etc.			
	Shore	Bank			
	Mailing Address	7054 S. Jeffery Blvd.			
		Chicago		60649 _	
		CITY 🗖	STATE △	ZIP CODE 🛕	
	Name of Bank, Depository, etc).			
	Chase	e Bank			
	Mailing Address	2801 Dundee Road			
		Northbrook		60062	
		CITY 🗖	STATE △	ZIP CODE 🛕	

Banks or Other Depositories: safety deposit boxes or maintain		ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Bank of	America		
	730 15th Street NW		
Mailing Address			
	Washington	DC	20005
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Repre	esentative or Leads	[ADDITIONAL]
Hame of Any Connected Orga			
Mailing Address			
-			
		ا ليا ا	
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repre	esentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
-			
Title or Position ♥	CITY A	STATE 	ZIP CODE A
	Telephon	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	C ID number	