Image# 13944043558				12/13/2013 05 : 25
FEC FORM 1	STATEMEN ORGANIZA	_		PAGE 1 / 5
			c	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name	Example:If typing, type over the lines.	12FE4M5	
	is changed)	over the lines.		
Ann Callis for Co				
ADDRESS (number and street)	517 Chapman St			
(Check if address				· · · · · · · · · · · ·
is changed)	Edwardsville		IL620	025
			L⊥⊥ L⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDRE	-55			
(Check if address	citizensforcallis@gmail.	com		
is changed)				
	Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 12 / 1	^D / Y Y Y Y 3 2013			
3. FEC IDENTIFICATION N		00544486		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and	d complete.
Tuno or Drint Name of Traceure	ar Jennifer May			
Type or Print Name of Treasure				
Signature of Treasurer	ifer May	[Electronically Filed]	Date 12	/ D D / Y Y Y Y 13 2013
NOTE: Submission of false, erron		may subject the person signing the North Should BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 02:000) Page 2 TYPE OF COMMITTEE Candidate Committee: (a) This committee is an authorized 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 Ann Callis Candidate President Party Affiliation DEM O() This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (a) This committee is a (b) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a (c) This committee size a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a (c) This committee sta a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a (a) This committee sta a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a (b) This committee sta a suborise propose on more than one Federal candidate, and is NOT a separate segregated fund or party committee. (c) In addition, this				
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		2.	FEC ID number	
4		3.	FEC ID number	
		4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Ann Callis for Congress

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

N	ONE				
	Mailing Address				
			CITY	STATE	ZIP CODE
	Relationship: Connected	Organization Affiliate	ed Committee	aising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (p	hone number optional) and	position of the person	in possession of committee
	Jennifer Ma	ay			
	Mailing Address	517 Chapman St			
	-				
		Edwardsville			2025

Mailing Address			
	Edwardsville		62025
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	

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	Jennifer May
Mailing Address	517 Chapman St
	Edwardsville IL 62025
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 - 365 - 2437

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Full Name of Designated Agent			 																							1					
Mailing Address																															
																								1			_		1		
						СП	ΓY											STA	ΤE						ZIF	o C	OD	Е			
Title or Position																															
													Tele	eph	ione	e ni	umt	ber				<u> </u>] –				_				

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.

F	First Clover Leaf Bank	
Mailing Address	300 St Louis St	
	Edwardsville	L IL 62025 –
	CITY	STATE ZIP CODE
Name of Bank, Dep	pository, etc.	
LV L	900 N East St	
Mailing Address		
	Frederick	MD 21701
	CITY	STATE ZIP CODE

Image# 13944043562

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011)

Page 5

Name of Bank, Deposito	ory, etc.		[ADDITIONAL]
Bar	۲k of America		
Mailing Address	248 Harvard Dr		
	Edwardsville		62025
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundra	aising Representative, or Lea	ADDITIONA
Mailing Address			
tionship:			
ationship: Connected Organization			ZIP CODE
Connected Organization		_	
Connected Organization Designated Agent		_	eadership PAC Sponsor
Connected Organization Designated Agent Full Name		aising Representative	eadership PAC Sponsor
Connected Organization Designated Agent		aising Representative	eadership PAC Sponsor
Connected Organization Designated Agent Full Name		aising Representative	eadership PAC Sponsor
Connected Organization Designated Agent Full Name		aising Representative	eadership PAC Sponsor
Connected Organization Designated Agent Full Name Mailing Address	Affiliated Committee Joint Fundra	aising Representative	eadership PAC Sponsor