				RECEIVED MAN. CENTER
FEC FORM 1	STATEMEN ORGANIZ		ſ	N -6 PM 4:13
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	Office Use Only
THOMAS GE	OGHEGAN FOR	KONGRESS	INC	
		· · ·	<u>1        </u>	
ADDRESS (number and stree	» IPIOI BOXI II	45		
(Check if address is changed)				
	ChICAGO	<u>,,,,,,,,</u>	T/	<u>60690</u> - <u>1</u>
Committee's e-mail add		CITY	STATE	ZIP CODE
	$F_1 \circ_1 \cap C \circ n \circ n \circ S $	(a, 6, m, q, i))	COM	
COMMITTEE'S WEB PAGE	FIOICICOINGILESS			
COMMITTEE'S FAX NUMB	ĒR			
	]			
2. DATE	55 ( 200 J			
3. FEC IDENTIFICATION				
4. IS THIS STATEMENT	🕅 NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the best	of my knowledge and belief	it is true, corre	ect and complete.
Type or Print Name of Treas	Josep H	Coste/10		
Signature of Treasurer	Joseph tonte	tt-	Date	1 65 2009
NOTE: Submission of false, et	roneous, or incomplete information ANY CHANGE IN INFORMATIC			to the penalties of 2 U.S.C. §437g. 'S.

.

	Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-894-1100	FEC FORM 1 (Revised 12/2007)	_
EESANO43 DI			LOCAI 202-094-1100		

5.			OMMITTEE Committee:							
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)	b) [] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
	Name Candi		THOMAS HOWARD GEOGHEGAN							
	Candi Party	date Affiliatio	n DEM Office State State State District OS							
	(c)	D	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candi									
	Part	y Com								
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.							
	Polit	ical Ac	tion 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	Fundr	aising Representative:							
l	(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.							
(	<b>h)</b>		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.							
		Comn	nittees Participating in Joint Fundraiser							
		1.								
		2.								
		3.								
		4.								
		5.								

.

.

FE3AN042.PDF

FEC F	Form 1	(Revised	12/2007)
-------	--------	----------	----------

.

ı.

Write or Type Committee Name

.

6.	Name of Any Connected (	Drganization, Affiliated Committee, L	eadership PAC Spons.	or or Joint F	undraising Representative
L					
L					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship:			_	
	Connected Organization	Affiliated Committee	Leadership PAC Sponso	or Joint	Fundraising Representative
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone numbe	r optional) and position	on of the pers	son in possession of committee
		ALD A. Ju	Valgien II		
	Mailing Address	13993, Daki	1 AUE	┶┶┶	
					<u></u>
		Chicego		[[]	606181-1
	Title or Position	r City		STATE	ZIP CODE
	Piciersi di Cin	tur	Telephone num	iber <u>B</u> 1	21-13-12-172-18
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the	committee; a	nd the name and address of
	Full Name of Treasurer	52 p.H. G. C			
	Mailing Address	19743 S.	REGAN		
					<u></u>
		INEW GEMO			ZIP CODE
	Title or Position		Telephone num	her <b>J</b>	0-684-1833
1		<u>, · _ }                                 </u>			
FE3	AN042.PDF				

.

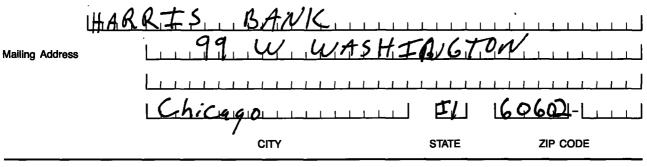
.

FEC	Form	1	(Revised	12/2007)
-----	------	---	----------	----------

Full Name of Designated	JORIGE SANCHEZ
Agent	
Mailing Address	SILIS S MNINERSIITY AUE #3
	CHICKED ILL EL GOGIST-LIL
	CITY STATE ZIP CODE
Title or Position	

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.
------	----	-------	-------------	------



FE3AN042.PDF

		_					СП	Y											ST/	ATE						Z	IP (	co	DE				
		i			1	1		1	1	1	1	1-	_1_	1		1			L				L	_L_			┶		۰L	1_	1	1	J
		L_L	1		.1	1		I			I			1		I	I		1					_1		_11				1		1_	
Mailing Address						.1		1	ł	L	1	.1	1	1	L	L	ł	1	1	ł	1	1	ł	_1_	ł	ł	1	1	ł	.1	1	1	J
	L L.		1	_	1	1	_	1_	1		i	1		1.			L	1		1						1			1.	1		1	

Federal Election Comn ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signa	ature Confirmation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	·
No Postmark	
V Overnight Delivery Service (Specify): UPS	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Jours	1/7/09

PREPARER (3/2005)

DATE PREPARED