FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructio		Office use only	
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Melissa Bean f	or Congress			ш
				لــــــا
ADDRESS (number and st	reet) PO BOX 3068			ш
(Check if addressis changed)	BARRINGTON	<u> </u>		 
		CITY▲	STATE▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL	ADDRESS		OTATE ZII OODE Z	
melissa@melis	sabean.com			ш
COMMITTEE'S WEB F	AGE ADDRESS (URL)			
http://melissak	ean.com			لب
				ш
2. DATE 03	JMBER			
		0 00000740		
3. FEC IDENTIFICAT	ION NUMBER	C C00369710		
4. IS THIS STATEME	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ed this Statement and to the best of my kno	owledge and belief it is true, correct a	nd complete	
Type or Print Name of T	reasurer Arlene Vrabel			
Signature of Treasurer	Electronically Filed by Arlene Vr	abel	Date 03 / D D / Y Y 2	0 0 8
NOTE: Submission of fals	e, erroneous, or incomplete information ma	y subject the person signing this Stat	•	
Office Use Only FE3AN042.PDF		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		

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5. TYPE OF COMMITTEE (Check One)	
(a) This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (0 information below.)	Complete the candidate
Name of Melissa Luburich Bean Candidate	
Candidate Party Affiliation  Office Sought:  X House P	State IL District 08
(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 committee.	segregated fund or party
6. Name of Any Connected Organization or Affiliated Committee	
I NONE	
Mailing Address	
CITY▲ STATE ▲	ZIP CODE 🛦
Relationship	
Type of Connected Organization:	
Corporation Corporation w/o Capital Stock La	abor Organization
	ooperative

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Write or Type Com	mittee Name			
Melissa Bea	an for Congress			
	Records: Identify by f Committee books a	name, address, (phone number and records.	optional), and position of t	he person in
Full Name	Arlene Vrabel			
Mailing Address		PO BOX 3068		
		Barrington	<u>IL</u>	60010 _
Title or Position	▼	CITY A	STATE <b>▲</b>	ZIP CODE A
	Treasurer		Felephone number	
3. Treasurer: Li name and ad Full Name	ist the name and add dress of any designa	dress (phone number optional) of ated agent (e.g., assistant treasurer	the treasurer of the comm ).	ittee; and the
	Arlene Vrabel			
of Treasurer	Allelle Viabel			
of Treasurer  Mailing Address		PO Box 3068		
		PO Box 3068  Barrington		60010
				60010
Mailing Address		Barrington CITY A		
Mailing Address		Barrington CITY A	STATE <b>▲</b>	ZIP CODE A
Mailing Address  Title or Position  Full Name of Designated	▼ Treasurer	Barrington CITY A	STATE <b>▲</b>	ZIP CODE A
Title or Position  Full Name of Designated Agent	▼ Treasurer	Barrington CITY A	STATE <b>▲</b>	ZIP CODE A
Title or Position  Full Name of Designated Agent	Treasurer	Barrington CITY A	STATE <b>▲</b>	ZIP CODE A

9.

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Banks or Other Deposi safety deposit boxes or n		e deposits funds, holds accounts, rents
Name of Bank, Depositor	ry, etc.	
H	arris Bank	
Mailing Address	50 North Brockway	
	Palatine	IL 60067 _
	CITY 🗖	STATE A ZIP CODE A
Name of Bank, Depositor		STATE ZIP CODE A
•	ry, etc. ank of America	STATE ZIP CODE A
•	ry, etc.	STATE A ZIP CODE A
В	ry, etc. ank of America	STATE Z ZIP CODE A
В	ry, etc. ank of America	STATE Z ZIP CODE Z

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JPM		[ ADDITIONAL ]
JPM		
	organ Chase	
Mailing Address	120 E. Wesley Street	
	Wheaten	60187   _
	Wheaton	00107
	CITY  STAT	E ZIP CODE 🛕
Name of Any Connected (	Organization or Affiliated Committee	
Name of Any Connected (	Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connected (	Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connected (	Organization or Affiliated Committee	[ ADDITIONAL ]
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	Organization or Affiliated Committee	[ ADDITIONAL ]
	Organization or Affiliated Committee	[ ADDITIONAL ]
	Organization or Affiliated Committee	[ ADDITIONAL ]
	Organization or Affiliated Committee	[ ADDITIONAL ]
	Organization or Affiliated Committee	
Mailing Address		ZIP CODE A
Mailing Address  Relationship	CITY A STAT	ZIP CODE A
Mailing Address  Relationship	CITY A STAT	ZIP CODE A
Mailing Address  Relationship	CITY A STAT	ZIP CODE A
Mailing Address  Relationship  Type of Connected Organiz	CITY STAT	ZIP CODE A

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Designated Agent		1	ADDITIONAL ]
Full Name			
Mailing Address			_
Title or Position ▼	CITY A	STATE &	ZIP CODE A
		elephone number	