Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wolff for Congress 813 Aker Drive ADDRESS (number and street) P.O. Box 185 (Check if address is changed) Altamont 62411 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kerry@kerrywolff.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) kerrywolff.com (Check if address is changed) DATE 29 2019 C00725028 FEC IDENTIFICATION NUMBER > 3. X 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. Wolff, Kerry, , , Type or Print Name of Treasurer Wolff, Kerry, , , [Electronically Filed] 10 29 2019 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(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. (Con information below.)	nplete the candidate
Name Cand	e of lidate	Wolff, Kerry, Allen, ,	
	lidate Affiliatio	on REP Office Sought: * House Senate President	State IL District 15
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Pari	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.		

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Write or Type Committee Na		<u> </u>
Wolff for Cong	gress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: lo books and records.</li> </ul>	dentify by name, address (phone number optional) and position of the person in	possession of committee
	Kerry, , ,	
Full Name	813 Aker Drive	
Mailing Address	P.O. Box 185	
	Altamont IL 6241	1
Title or Position	CITY STATE	ZIP CODE
		483 - 3263
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name Wolff, K of Treasurer	Serry, , ,	
Mailing Address	813 Aker Drive	
	P.O. Box 185	
	Altamont IL 6241	
Title or Position	CITY STATE	ZIP CODE
		483 - 3263

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Full Name of Designated Agent	Wolff, Gina, , ,	
Mailing Address	813 Aker Drive	
	Altamont IL 624	111
	CITY STATE	ZIP CODE
Title or Position		1 1 1
	Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds,	holds accounts, rents
Danks of Other	oxes or maintains funds.	noido docodino, forio
safety deposit bo	oves of maintains rainas.	
Name of Bank, I		
	Depository, etc.  Dieterich Bank  ,510 W Fayette Ave.	
Name of Bank, I	Depository, etc.  Dieterich Bank  ,510 W Fayette Ave.	
Name of Bank, I	Depository, etc.  Dieterich Bank  ,510 W Fayette Ave.	101
Name of Bank, I	Dieterich Bank  510 W Fayette Ave.  Effingham	201 ZIP CODE
Name of Bank, I	Dieterich Bank  510 W Fayette Ave.  Effingham  IL 624  CITY  STATE	
Name of Bank, I	Dieterich Bank  510 W Fayette Ave.  Effingham  IL 624  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Dieterich Bank  510 W Fayette Ave.  Effingham  IL 624  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Dieterich Bank  510 W Fayette Ave.  Effingham  IL 624  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Dieterich Bank  510 W Fayette Ave.  Effingham  IL 624  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Dieterich Bank  510 W Fayette Ave.  Effingham  IL 624  CITY  STATE  Depository, etc.	ZIP CODE