24038290591

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)   (Check if name is changed)   Example: if typing, type over the lines.   12FE4M5

COMMITTEE TO ELECT GLORIA ANDERSEN

ADDRESS (number and street)   1146 WYDOWN COURT

(Check if address is changed)

NAPERVILLE   IL   60540-

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Amgovern@Aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ANDERSENFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

|___|___| - |___|___|___| - |___|___|___|___|

2. DATE   01 / 15 / 2004

3. FEC IDENTIFICATION NUMBER ▶   C

4. 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.

Type or Print Name of Treasurer   Carol Hill

Signature of Treasurer   _[signature]_   Date   01 / 15 / 2004

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 Use Only

FEC FORM 1
(Revised 02/2003)

P93AN042

5. TYPE OF COMMITTEE (Check One)

(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. (Complete the candidate information below.)

Name of
Candidate ___GLORIA SCHOR ANDERSEN_____

Candidate
Party Affiliation ☐DEM   Office Sought ☑ House   ☐ Senate   President

State ☐☐

District ☐3

(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 segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

_____

_____

Mailing Address _____

_____

_____

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship _____

Type of Connected Organization:

☐ Corporation   ☐ Corporation w/o Capital Stock   Labor Organization

☐ Membership Organization   ☐ Trade Association   Cooperative

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name

Committee to Elect Gloria Andersen

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name   CAROL J. HILL

Mailing Address   1263 Rhodes Lane

Napierville   IL   60540-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

TREASURER   Telephone number   630-657-1264

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   Carol J. Hill

Mailing Address   1263 Rhodes Lane

Napierville   IL   60540-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Treasurer   Telephone number   630-657-1264

Full Name of Designated Agent

Mailing Address

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone number

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.

MidAmerican Bank

Mailing Address

1700 S. Naper Blvd.

Naperville   IL   60540-

| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

Name of Bank, Depository, etc.

Mailing Address

| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

-Federal Election Commission

ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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PREPARER   *1-31-04*   DATE PREPARED

(6/2000)