

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MARK PERA FOR CONGRESS

ADDRESS (number and street)

4220 GROVE AVENUE

(Check if address is changed)

WESTERN SPRINGS IL 60558

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

FINANCE@MARKPERA.FORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

MARKPERA.FORCONGRESS.COM

COMMITTEE'S FAX NUMBER

630-571-0725

2. DATE

04 14 2007

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

JAMES A. KOHLSTEDT

Signature of Treasurer

James A. Kohlstedt

Date

04 17 2007

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

For further information contact
Federal Election Commission
Toll Free 800-424-9530
Local 202-684-1100

FEC FORM 1
(Revised 02/2003)

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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 MARK PERA

Candidate Party Affiliation DEM Office Sought: House Senate President State FL 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 None

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

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 JAMES A. KOHLSTEDT
Mailing Address 2100 CLEARWATER DRIVE Ste 220
OAK BROOK IL 60523
Title or Position TRASURER CITY IL STATE IL ZIP CODE 60523
Telephone number 630-571-0793

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 JAMES A. KOHLSTEDT
Mailing Address 2100 CLEARWATER DRIVE Ste 220
OAK BROOK IL 60523
Title or Position Treasurer CITY IL STATE IL ZIP CODE 60523
Telephone number 630-571-0793

Full Name of Designated Agent MARK PERA
Mailing Address 4200 GROVE AVE
Western Springs IL 60558
Title or Position ASSIT TREASURER CITY IL STATE IL ZIP CODE 60558
Telephone number 708-246-7236

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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.

AMCORE BANK

Mailing Address

2819 South Highland Ave

LOMBARD

IL

60148-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jms
 PREPARER
 (3/2005)

4/30/07
 DATE PREPARED

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