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FEC FORM 1

STATEMENT OF ORGANIZATION

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	L						Office Use Only	
1. NAME OF COMMITTEE (i	n full)		(Check if name is changed)		ample:If typing, type or the lines.	12FE4M	5	
Aloys Rutagwibira for Congress								
	<u> </u>					<u> </u>		
ADDRESS (number a	and street)	308	Christin	ne Ln				
(Check if a is changed		Hair	nesville				60030	
				CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDR	ESS (Please	provide only (one e-mail a	ddress)			
(Check if	address	aloy	s.rutagw	ibira@	gmail.com	<u> </u>		
is change								
COMMITTEE'S WEE	B PAGE A	DDRESS (U	JRL)					
	f address ed)	Ruta	agwibiraf	orcong	ress.com	1 ! 1 1 1		
(Check if is change			<u> </u>	11_1				
2. DATE 09 2017								
3. FEC IDENTIFICATION NUMBER								
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 Mireille Ntore								
Signature of Treasurer Mull Ulb Date 09" 12° 2017								
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		· <u></u>			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1	

committees/organizations, none of which is an authorized committee of a federal candidate.

FEC ID number

FEC ID number

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FEC ID number C

Committees Participating in Joint Fundraiser

1.

2.

3.

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		1 (Revised 02/2009)	Page 3
	rite or Type Comr		
_		agwibira for Congress	
6.	Name of Any C	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Spensor
	MONE		
	Mailing Address	1 1 1 1 1 1 1 1 1 1	
			
			. [_]
		CITY STATE ZI	P CODE
	Dalatia-akia.	Townstad Occasionation Classical Committee Cla	
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
7.	Custodian of Rebooks and record	ecords: Identify by name, address (phone number optional) and position of the person in posseds. Mireille Ntore	ssion of committee
	·	₁ 308 Christine Ln	<u> </u>
	Mailing Address		<u> </u>
		¡Hainesville , , , , , , , , , , , , , , , , , ,	
			
	Title or Position	CITY STATE ZII	P CODE
	Treasurer	Telephone number [224] - [440]	_ - 9819
8.	Treasurer: List the any designated a	ne name and address (phone number optional) of the treasurer of the committee; and the name gent (e.g., assistant treasurer).	and address of
	Full Name of Treasurer	Mireille Ntore	
	Mailing Address	308 Christine Ln	
			<u> </u>
		[Hainesville] IL 60030	
	Title or Position	CITY STATE ZIF	CODE
		Telephone number	
		•	

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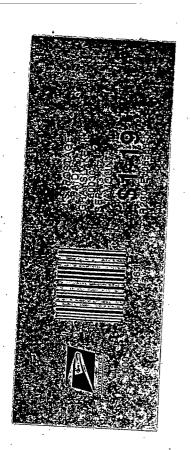
STATE

ZIP CODE

CITY

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Federal Election Commission

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