Only

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STATEMENT OF **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. Funk for Congress P.O. Box 343 ADDRESS (number and street) (Check if address is changed) Mascoutah 62258 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .joel.d.funk@outlook.com (Check if address X is changed) Optional Second E-Mail Address info@funkforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.funkforcongress.com (Check if address is changed) DATE 03 2019 C00714584 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. Funk, Joel, David,, Type or Print Name of Treasurer Funk, Joel, David,, [Electronically Filed] 09 25 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

|            | 556 <b>-</b>          | 4 (D. 1. 1.00/0000)   | 5 6                                      |
|------------|-----------------------|---|--|
|            |                       | rm 1 (Revised 02/2009)  | Page <b>2</b>                            |
|            |                       | OMMITTEE<br>• 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. (Cominformation below.)   | plete the candidate                      |
| Nam<br>Can | e of<br>didate        | Funk, Joel, David, ,  |  |
|            | didate<br>y Affiliati | on DEM Office Sought: * House Senate President  | State IL District 12                     |
| (c)        |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |
| Nam<br>Can | e of<br>didate        |   |  |
| Par        | ty Con                | nmittee:  |  |
| (d)        |                       | This committee is a (National, State or subordinate) committee of the   | (Democratic,<br>Republican, etc.) Party. |
| Poli       | itical A              | ction Committee (PAC):  |  |
| (e)        |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-   | nnected organization is a:               |
|            |                       | Corporation Wo 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 secommittee. (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                | Iraising Representative:  |  |
| (g)        |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/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 two committees/organizations, none of which is an authorized committee of a federal candidate.        | vo or more political                     |
|            | Com                   | mittees Participating in Joint Fundraiser   |  |
|            | 1.                    | FEC ID number   |  |
|            | 2.                    | FEC ID number   |  |
|            | 3.                    | FEC ID number   |  |
|            | 4.                    |   |  |

| FEC <b>Form 1</b> (Rev                                    | vised 02/2009)   | Page <b>3</b>                                |  |  |  |  |
|---|--|--|--|--|--|--|
| Write or Type Committee                                   |  | -  |  |  |  |  |
| Funk for Cor  | ngress   |  |  |  |  |  |
|   | cted Organization, Affiliated Committee, Joint Fundraising Representative, or Le                               | adership PAC Sponsor                         |  |  |  |  |
| NONE  |  | <u>                                     </u> |  |  |  |  |
|   |  |  |  |  |  |  |
| Mailing Address   |  |  |  |  |  |  |
| J   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | CITY STATE   | ZIP CODE                                     |  |  |  |  |
|   | nected Organization Affiliated Committee Joint Fundraising Representative                                      | Leadership PAC Sponsor                       |  |  |  |  |
| <ul><li>Custodian of Records books and records.</li></ul> | s: Identify by name, address (phone number optional) and position of the person                                | in possession of committee                   |  |  |  |  |
| Funk  | k, Joel, David, ,  |  |  |  |  |  |
| Mailing Address   | 3 West Poplar Street   | 3 West Poplar Street                         |  |  |  |  |
| Maining Address   |  |  |  |  |  |  |
|   | Mascoutah IL 62  | 2258   |  |  |  |  |
| Title or Position   | CITY STATE   | ZIP CODE                                     |  |  |  |  |
|   | Telephone number   | -  334  -  3828                              |  |  |  |  |
| Treasurer: List the nan any designated agent (            | ne and address (phone number optional) of the treasurer of the committee; and t<br>e.g., assistant treasurer). | the name and address of                      |  |  |  |  |
| Full Name Funk  | x, Joel, David, ,  |  |  |  |  |  |
| Mailing Address   | 3 West Poplar Street   |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | Mascoutah IL 62 CITY STATE   | 258<br>ZIP CODE                              |  |  |  |  |
| Title or Position   | CITY STATE   | 334   3828                                   |  |  |  |  |
|   | Telephone number   | -   307 -   3020                             |  |  |  |  |

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|---|--|---------------------|
|   |  |                     |
| Full Name of  |  |                     |
| Designated<br>Agent   |  |                     |
| Mailing Address   |  |                     |
|   |  |                     |
|   | CITY STATE   | ZIP CODE            |
| Title or Position   |  |                     |
|   | Telephone number   |                     |
| Banks or Othe<br>safety deposit b<br>Name of Bank,            |  | lds accounts, rents |
| safety deposit b  | Depository, etc.  Regions Bank   | lds accounts, rents |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  Regions Bank  121 East Main Street  Mascoutah  IL 62258                      |                     |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  Regions Bank  121 East Main Street  Mascoutah  CITY  STATE                   | Ids accounts, rents |
| safety deposit b<br>Name of Bank,<br>Mailing Address          | Depository, etc.  Regions Bank  121 East Main Street  Mascoutah  CITY  STATE                   |                     |
| safety deposit b<br>Name of Bank,<br>Mailing Address          | Depository, etc.  Regions Bank  121 East Main Street  Mascoutah  CITY  STATE  Depository, etc. |                     |
| safety deposit b Name of Bank, Mailing Address  Name of Bank, | Depository, etc.  Regions Bank  121 East Main Street  Mascoutah  CITY  STATE  Depository, etc. |                     |
| safety deposit b Name of Bank, Mailing Address  Name of Bank, | Depository, etc.  Regions Bank  121 East Main Street  Mascoutah  CITY  STATE  Depository, etc. |                     |