

DAVIS & CAMPBELL L.L.C.

06567-002

FILE NUMBER:

August 7, 2020

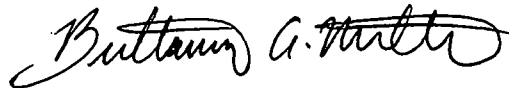
Federal Election Commission
1050 First Street, N.E.,
Washington, DC 20463

Re: Filing Executed Statement of Organization (FEC Form 1) for PEORIA PAC, LLC

To Whom It May Concern:

This correspondence is being made on behalf of PEORIA PAC, LLC in regard to the above-referenced matter. As such, please find enclosed the original Statement of Organization (FEC Form 1) for PEORIA PAC, LLC. As required, it has been executed by the Treasurer. Upon receipt, please do not hesitate to contact the undersigned with questions or concerns on the matter.

Very truly yours,



Brittany A. Miller

BAM/df
00263613.DOCX

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2020 AUG 13 PM 2:00
Office Use Only

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

P E O R I A P A C L L C

ADDRESS (number and street) 6 3 1 0 U N I V E R S I T Y P O B O X 9 7 3 3

(Check if address is changed)

P E O R I A I L 6 1 6 1 4 - 9 8 0 0
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) ahooks@sbcglobal.net

Optional Second E-Mail Address s.cannon@sbcglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) N O N E

2. DATE 0 8 / 0 5 / 2 0 2 0

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 KADAR HEFFNER

Signature of Treasurer SEE ATTACHED Date 0 8 / 0 5 / 2 0 2 0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

2009-2010 IN + ON + TO + OFF + OVER

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N O N E

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

S H E R R Y C A R T E R - A L L E N

Mailing Address

3 9 1 4 N S T E R L I N G A V E

[Empty address line]

P E O R I A I L 6 1 6 1 5 - 4 2 3 3

Title or Position

CITY

STATE

ZIP CODE

S E C R E T A R Y

Telephone number 3 0 9 - 4 5 3 - 9 9 7 1

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

K A D A R H E F F N E R

Mailing Address

2 7 1 1 W K A N S A S S T

[Empty address line]

P E O R I A I L 6 1 6 0 4 - 3 0 2 5

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 3 0 9 - 3 6 0 - 9 3 8 5

2009-2010 WISCONSIN STATE ELECTIONS

Full Name of Designated Agent

S h e r r y , K . C a n n o n

Mailing Address

5 0 0 8 N . W O O D V I E W A V E

P E O R I A I L 6 1 6 1 4 - 2 4 6 2

CITY

STATE

ZIP CODE

Title or Position

C H A I R M A N

Telephone number

3 0 9 - 6 4 8 - 3 4 4 5

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.

P N C

Mailing Address

1 1 0 0 W . G L E N A V E , S U I T E 1 0 0

P E O R I A I L 6 1 6 1 4 - 4 8 2 3

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2009-12-08 10:00:00 AM

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number

FEC ID number

FEC ID number

FEC ID number

C _____

C _____

C _____

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

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. _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

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08/07/2020

DAVIS & CAMPBELL L.L.C.
401 MAIN STREET
SUITE 1600
PEORIA, ILLINOIS 61602-1241

TO: Federal Election Commission
1050 First Street, N.E.,
Washington, DC 20463

REC
FEC 17
2020 AUG 1

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt
8/7/20 8/13/20

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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Other (Specify): ! Date of Receipt or Postmarked

SPM
PREPARER 8/14/20
DATE PREPARED