

FEC
FORM 1STATEMENT OF
ORGANIZATION

(See instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
2002 MAY 20 12 14 49

Office Use Only

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

12P54M5

Pete Calderone For Congress

ADDRESS (number and street)

P.O. Box 110

(Check if address
is changed)

Galesburg

IL

61402

0110

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

coursond@gallatinriver.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

petecalderone.com

2. DATE 05 01 2002

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

XX

NEW (N)

OR

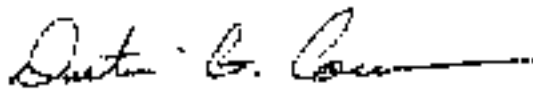
AMENDED (A)

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

Bustin G. Courson

Signature of Treasurer



Date 05 09 2002

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
OnlyFor further information contact:
Federal Election Commission
800 1-866-835-4830
Local 202-694-1900FEC FORM 1
(Revised 1/01)

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

Peter Calderone

Candidate

Party Affiliation

REP

Office
Sought☒

House

Senate

President

State

IL

District

17

- (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

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 Dustin G. Courson

Mailing Address P.O. Box 110

Galesburg IL 61402 0110

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 309 343 1593

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 Dustin G. Courson

Mailing Address P.O. Box 110

Galesburg IL 61402 0110

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 309 343 1593

Full Name of Designated Agent Mary Young

Mailing Address 1718 Baird Ave

Galesburg IL 61401

Title or Position Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 309 343 0868

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.

The Farmers and Mechanics Bank

Mailing Address

21 East Main St.

Galesburg

IL 61401

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.

☐ Hand Delivered	Date of Receipt
☒ First Class Mail	POSTMARKED 5/9/02
☐ Registered/Certified Mail	POSTMARKED (R/C)
☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House office of Records and Registration	Date of Receipt
☐ Received from the Senate Office of Public Records	Date of Receipt
☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	
 PREPARER 5/21/02 DATE PREPARED	