

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Cegelis for Congress

ADDRESS (Home or street) (Check if address is changed)

P O Box 6192

Rolling Meadows IL 60008

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JudyG0320@comcast.net and Judy@cegellisforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

cegellisforcongress.com

COMMITTEE'S FAX NUMBER

8478361381

2. DATE M M / D D / Y Y Y Y

05 / 17 / 2005

3. FEC IDENTIFICATION NUMBER C C00394007

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 Judith E Gallagher

Signature of Treasurer Electronically Filed by Judith E Gallagher Date 05 / 23 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

**FEC FORM 1**  
(Revised 02/2003)

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 Christine Cegelis

Candidate Party Affiliation **DEM** Office Sought:  House  Senate  President State **IL** District **6**

- (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

**Cegelis for Congress**

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 Judith E Gallagher

Mailing Address 2146 Orchard Lane

Carpentersville IL 60110 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 647 - 836 - 1381

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 Judith E Gallagher

Mailing Address 2146 Orchard Lane

Carpentersville IL 60110 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 614 - 836 - 1381

Full Name of Designated Agent \_\_\_\_\_

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.

LaSalle Bank

Mailing Address

425 W Devon Ave

Park Ridge

IL

60068

CITY Δ

STATE Δ

ZIP CODE Δ