11030651685

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

2011 AUG 11 AM 9: 07

FEC MAIL CENTER

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	;
URBAN ISSU	ES POLITIC	AL ACTION	COMM	ITTEE
	<u> </u>			
ADDRESS (number and street)	19156 5 HA	RPER AVE	<u> </u>	
(Check if address	Chicago	<u>L</u>		
is changed)	ChickGo.		IL	60619-7918
	.•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	:SS (Please provide only one ϵ	e-mail address)		
(Check if address				
is changed)	<u> </u>	1		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
oommir reed web rade as	1	·		1
(Check if address is changed)		<u> </u>		
2. DATE OF OR	P 🗪 3	al en egen estegada a per en gazon e gazon egenda egen a g Gazona (h. e. a.		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the bes	t of my knowledge and belief	it is true, correc	t and complete.
Type or Print Name of Treasure	Charles D) /evv		
Signature of Treasurer	Marles V	lwy	Date 0	5 05 2011
NOTE: Submission of false, erron		may subject the person signing		o the penalties of 2 U.S.C. §437g.
Office Use Only	,	For further information Federal Election Commis- Toll Free 800-424-9530		FEC FORM 1 · (Revised 02/2009)

		1 (100000 022000)				
		DMMITTEE				
Cen	didate	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 Cand		L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Cand Party	idate Affiliatio	Office State n Sought: House Senate President District				
(c)	"] '}- :	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand		[
Part	y Com	mittee:				
(d)	:	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.				
Polit	tical A	ction Committee (PAC):				
(e)	1	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)	X	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	t Fund	raising Representative:				
(g)	8) j Land	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.				
	Comi	nittees Participating in Joint Fundraiser				
	1.					
	2.					
	3.	FEC ID number C.				
	4.					

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Write or Type Committee Na					•
VRBAN	ISSUES &	Political 1	Action	Comn	4TEE
6. Name of Any Connected	Organization, Affilia	ted Committee, Join	nt Fundraising Rep	oresentative,	or Leadership PAC Sponsor
MA	None	<u> </u>			
Mailing Address					
	·				
					
		CITY		STATE	ZIP CODE
Relationship: Connec	ted Organization	Affiliated Committee	Joint Fundraisin	g Representa	tive Leadership PAC Sponso
 Custodian of Records: Ic books and records. 	lentify by name, addre	ess (phone number -	optional) and pos	ition of the pe	erson in possession of committee
Full Name Chia	, Lles D	LEVY	<u> </u>	<u> </u>	
Mailing Address	5156 5	HARPEI	LAVE	<u> </u>	
-		:	1 i : 1_1_	<u> </u>	<u> </u>
	Chicag	· O _{. O .}		IL	60619-7918
Title or Position		CITY		STATE	ZIP CODE
Divector	<u>.l. i. l. l. l. l</u> .		Telephone nu	ımber [7]	7.31-122.11-17.2.8.4
Treasurer: List the name any designated agent (e.g.		umber optional) of	the treasurer of th	ne committee;	and the name and address of
Full Name of Treasurer	rles D	LEVY	1 1 1 1 1	<u> </u>	
Mailing Address	915 6 5	HARPEN	AVE		
		<u> </u>	<u> </u>	<u> </u>	
	Chicac	CITY		TU STATE	[60.6.1.9] - 7.9.18 ZIP CODE
Title or Position	.	1	Talankar : :	_	731-122 11-172.84

Full Name of Designated Agent	Ch air	rlas D. Levy			
Mailing Address		9,56,5, HARPON AVE	1 1 1 1		
		Ch.I.C.A.F.O.	FL STATE	16.0.6.1.91-17918 ZIP CODE	
Title or Position	Tar.	. Telephone nu	ımber 🛭	773-2211-17284	
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.					
	TFC	BANK	1 1 1		
Mailing Address		1/6,55 E 95,TH ST	1 1 1 1		
			<u> </u>		
		Chilche 9	VG	606 7-	
		CITY	STATE	ZIP CODE	
Name of Bank, Depository, etc.					
	TFC	BAM	<u> 1 1 1 </u>		
Mailing Address		1.655 E 957 H ST			
				·	
		Chicago	IL	606 F- 78-18	
		CITY	STATE	ZIP CODE	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmárked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
S	8/11/11
PREPARER (3/2005)	DATE PREPARED