STATEMENT OF

RECEIVED

FEC FORM 1		ORGAN	IZATIO	N		-3 AM	
1. NAME OF COMMITTEE (in	n full)	(Check if nam is changed)		ple:If typing, type the lines.	12FE4M5		
Toi for Illin	nois						
ADDRESS (number a	nd street)	PO Box 12	22			1 1 1 1	
(Check if an is changed)		Flossmoo	7		14	60422	J-LJ
			CITY		STATE	ZIP (CODE
(Check if is change	address	info@toih	· ·		, 		
COMMITTEE'S WEB (Check if is change	address	ness (URL) http://www.	v.toihut	chinson.c	om		
2. DATE	<u> </u>	2012					
3. FEC IDENTIFIC	CATION NUM	MBER C					
4. IS THIS STATE	MENT 🗵	NEW (N) O	R [AMENDED (A)			•
I certify that I have o	examined this	Statement and to the		nowledge and belief i	it is true, correct a	and complete.	
Type or Print Name	of Treasurer	Susan Je	nkins	•••			
Signature of Treasure	er <u> </u>	Jusau V	Sen	klus	Date 11	29	2012
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				For further information of Federal Election Commiss Foll Free 800-424-9530		FEC FC	

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		rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE • Committae:					
(a		This committee is a principal campaign committee. (Complete the candidate information below)				
·			,				
(E	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	lame of andidate	Toi Hutchinson	<u> </u>				
_	andid at e arty Affiliati	on DEM Office Sought: House Senate President	State IL District 02				
(0	;) []	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	lame of		 				
	Porty Con	amitta a					
, (0	Party Con	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	· <u> </u>	ction Committee (PAC):					
	. —	• •					
(€	" []	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	•				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(1	n 🔲	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	wo or more political				
(8	′ ⊔	committees/organizations, at least one of which is an authorized committee of a federal eandidate					
(h) [This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Committees Participating in Joint Fundraiser							
	1.	FEC ID number C					
	2.						
	3.	FEC ID number C					
	4						

	6. Name of any Connected Organization, Affiliated Com						
	<u>М/А</u>						
Lñ Or	Mailing Address						
O)							
G) G)	CIT						
12030	Relationship: Connected Organization Affiliated C						
	 Custodian of Records: Identify by name, address (phone books and records. 						
	Susan Jenkins						
	Mailing Address PO Box 122						

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FEC Form 1 (Revised 0	2/2009)			Page 3
Write or Type Committee Name				
Toi for Illinois				
6. Name of any Connected O	rganization, Affiliated Committe	e, Joint Fundraising Rep	resentative, or Leade	rship PAC Sponsor
N/A	1 1 1 1 1 1			<u> </u>
Mailing Address				
•	CITY		STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Comm	ittee Joint Fundraising	g Representative	eadership PAC Sponsor.
 Custodian of Records: Iden books and records. 	tify by name, address (phone nur	nber optional) and posit	tion of the person in p	ossession of committee
Full Name Susan	Jenkins			
Mailing Address	PO Box 122			
	Flossmoor,		IL 604	22
Title or Position	CITY		STATE	ZIP CODE
_I Treasurer	1	Telephone nur	mber	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optionssistant treasurer).	nal) of the treasurer of the	e committee; and the	name and address of
Full Name Susa	n Jenkins	<u> </u>		
Mailing Address	PO Box 122	1 1 1 1 1 1 1 1	· 	
	Flossmoor		IL 604	22
Title or Position	CITY		STATE	ZIP CODE
Treasurer		Telephone nur	mber	
· ·				

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Full Name of Designated Agent	1			!		1 1 1 1 1
Mailing Address						
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		0.774			Lı_L	L
Title or Position		CITY		STATE .		ZIP CODE
Lilli	1111		Telephone num	ber		
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safety deposit be Name of Bank, I	oxes or main Depository, e	ains funds. of America 18460 Governors Highwa	1	STATE		
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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.
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Lup	15/3/1
PREPARER	DATE PREPARED

(3/2005)