

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

**RECEIVED**  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 JAN 27 P 2 59

1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) <b>Gerald Hankins For President</b>	2. DATE <b>Jan. 20, 2000</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>1200 E. Oak St. # 8</b>	3. FEC Identification Number <b>C00350058</b>
(c) City, State and ZIP Code <b>Kankakee, IL 60901</b>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**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 | Candidate Party Affiliation | Office Sought | State/District<br><b>IL, 15<sup>th</sup></b> |
|-------------------|-----------------------------|---------------|--|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a National committee of the Democratic Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**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 <b>Mr. Walter L. Bland</b>	Mailing Address <b>1200 E. Oak St #8 Kankakee, IL 60901</b>	Title or Position <b>Mgmt. Consultant</b>
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**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 <b>Mr. Gerald Hankins</b>	Mailing Address <b>1200 E. Oak St. #8 Kankakee, IL 60901</b>	Title or Position <b>Accountant</b>
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**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. <b>National City Bank of Illinois</b>	Mailing Address and ZIP Code <b>1 Dearborn Square Kankakee, IL 60901</b>
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*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 <b>Gerald Hankins</b>	SIGNATURE OF TREASURER <i>Mr. Gerald Hankins</i>	DATE <b>01/20/2000</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4374. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEBAN044

**FEC FORM 1**  
(revised 4/87)

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1/21/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CA PREPARER	1/27/00 DATE PREPARED