20-7-01-11-03-00129771

FEC FORM

Use

Only

STATEMENT OF ORGANIZATION

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FORM 1							2011	JAN I	****
						<u> </u>	Off	ice Use Only	
1. NAME OF COMMITTEE (ir	n full)		(Check if name is changed)		ele:If typing, type ne lines.	12FÉ4	iM5		
MS Joan	4/V	Birien	worgerli				1 1		
			<u> </u>	1111					لسب
ADDRESS (number a	nd street)	48=	3.8 N S	herri	dan		1 1 1		
(Check if a is changed	address d)	ـــــا		1 1 1 1		<u>i l l l l</u>	1.1.1	<u> </u>	
*.		Chr	CAGO I	1111		STATE A	160	2640 ZIP	CODE A
COMMITTEE'S E-MA	AIL ADDRE	SS							•
☐ ◀ (Check if a is changed	address d)			_	yahaa.c	BOM.	1 1 1		
		Optional	Second E-Mail	Address			1 1 1		
COMMITTEE'S WEE (Check if is changed)	address			e 1 ₁ 0,0,	geluca)	M	1 1 1		
2. DATE	2) 2		2016]						
3. FEC IDENTIFIC	CATION N	UMBER)	C	6006	3.686		- A	•	,
4. IS THIS STATE	MENT [NEW	/ (N) OR		AMENDED (A)				
I certify that I have	examined t	his Statem	ent and to the be	est of my kno	owledge and belief i	t is true, co	rrect and	complete.	
Type or Print Name	of Treasure	er M	s Loo	n	Brew	oge	C		
Signature of Treasur	er	Joa	nn Bi	LINE	gel	Date	12	25	2016
NOTE: Submission of	false, erron				t the person signing JLD BE REPORTED			penalties of	52 U.S.C. §30109
Office	T			T-	or further information			EEC EC	

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

2220	2

		EC FO	rm 1 (Hevised 02/2009) Page 2				
5.	TYPE OF COMMITTEE Candidate Committee:						
	Can	Jiuate					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)		This committée is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name Candi		Hoone Brown of				
	Candi Party	date Affiliati	on RED Office Sought: House D Senate President District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	Part	y Con	nmittee:				
	(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.				
	Polit	ical A	ction Committee (PAC): N/A				
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
-	(-,	C2	Corporation Corporation w/o Capital Stock Labor Organization				
			Membership Organization Trade Association Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.				
	(f) 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	Func	Iraising Representative: \mathcal{N}/\mathcal{A}				
	(g)		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.					
		Com	mittees Participating in Joint Fundraiser				
		1.					
		1. 2.					
		3.					
		0.					
		4.	FEC ID number				

1	FEC Form 1 (Revis	ed 02/2009)		Page 4
	Full Name of Designated Agent	M		
	Mailing Address			
	1			
	Title or Position	СІТУ	STATE	ZIP CODE
	l	Telepho	one number	
	Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository	1 1 1 1 1	committee deposits funds, I	nolds accounts, rents
	L_i_i			
	Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			الالالا	
		CITY	STATE	ZIP CODE
	Name of Bank, Depository	etc.		
	Cha	SC,	<u> </u>	
	Mailing Address	4348A Broadway		
		Chicago	1 44 60	2642-
		СІТҮ	STATE	ZIP CODE

FEC Form 1 (Revise	d [:] 02/2009)		Page 3
Write or Type Committee Na			
Breive	gel FOR Preside	ent	
6. Name of Any Connected	Drganization, Affiliated Committee, Joint Fundrals	sing Representative, or Leade	rship PAC Sponsor
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1 1 1 1 1	1111111
	<u> </u>		<u> </u>
Mailing Address			
		با ليا لي	
	CITY	STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fu	undraising Representative undraising Representative	eadership PAC Sponsor
,			·
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) \mathcal{M}	and position of the person in p	ossession of committee
Full Name			
Mailing Address			
		<u> </u>	
		ىيا ليا لي	
Title or Position	CITY	STATE	ZIP CODE
	Telep	hone number	
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasu., assistant treasurer).	rer of the committee; and the	name and address of
Full Name of Treasurer	JOANN Brewoogel		
Mailing Address	4838 NShenidan		
	<u> </u>		
	1Chicago CITY	LI LIGOL STATE	ZIP CODE
Title or Position	L ,	19021	
Kingsident	<u>Telep</u>	hone number 775-	7.281-150401

4838 N. Sheridan

G LAN WIT FAST

Federal Election Comm 999 E. Street M. W. Chrago, 11 60640

Washington, B.C. 20463

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R	1/11/17
PREPARER	DATE PREPARED

(3/2015)