Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Oberweis for IL-14 PO BOX 30844 ADDRESS (number and street) (Check if address is changed) **BETHESDA** 20824 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00702605 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. MARTIN, STEVEN, , , Type or Print Name of Treasurer MARTIN, STEVEN, , , [Electronically Filed] 04 2020 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	x	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate	OBERWEIS, JIM, , ,	
	didate / Affiliati	on REP Office Sought: X House Senate President	State IL District 14
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	
Oberweis for IL-14	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Take Back the House 2020	
PO Box 30844	
Mailing Address	
Bethesda	20824
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the personal books and records. 	on in possession of committee
Campaign, Financial Services, , , Full Name	
PO Box 30844	
Mailing Address	
	20004
Bethesda MD	20824
Title or Position CITY STATE	ZIP CODE
Custodian of Records 301	
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; an any designated agent (e.g., assistant treasurer). 	nd the name and address of
Full Name MARTIN, STEVEN, , ,	ı
of Treasurer	
Mailing Address PO BOX 30844	
BETHESDA MD	20824
CITY STATE Title or Position	ZIP CODE
Treasurer 301 Treasurer Telephone number	

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Full Name of Designated	T.	1
Agent		
Mailing Address		
	CITY STATE ZI	P CODE
Title or Position		
	Telephone number	
Name of Bank,	Depository, etc.	
Name of Bank, Mailing Address	Capital One Bank 4825 Cordell Avenue	
	Capital One Bank	
	Capital One Bank 4825 Cordell Avenue Bethesda MD 20814	IP CODE
	Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE ZI	IP CODE
Mailing Address	Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE ZI Depository, etc. Eagle Bank 7815 Woodmont Avenue	IP CODE
Mailing Address Name of Bank,	Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE ZI Depository, etc. Eagle Bank 7815 Woodmont Avenue	IP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h)

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	3 BUCKINGHAM DR		
Mailing Address			
	SUGAR GROVE	IL I	60554
		OTATE A	71D 00DE 1
		STATE ▲ nt Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Spons
Connec			
Designated Agent: Iden	eted Organization X Affiliated Committee Join		
Designated Agent: Iden Full Name	eted Organization X Affiliated Committee Join		
Designated Agent: Iden Full Name	Affiliated Committee Join Join tify by name, address (phone number – optional)		