STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wicklund for Congress PO Box 293 ADDRESS (number and street) (Check if address is changed) Decatur 62525 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wicklundforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00587287 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. Valorie Smith Type or Print Name of Treasurer Valorie Smith [Electronically Filed] 04 15 2016 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 Only Local 202-694-1100

FE	EC Fo r	rm 1 (Revised 02/2009)	Page 2			
TYPE	OF C	OMMITTEE				
Cand	idate	Committee:				
(a)	X	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. (Cominformation below.)	plete the candidate			
Name of Candida		Mark David Wicklund				
Candid		Office Sought Y House Senate President	State			
Party A	Affiliatio	on DEM Sought: X House Senate President	District 13			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candida						
Party	Com	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.			
Politic	cal 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 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 I	Fund	raising 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			
	Comi	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

NONE		lership PAC Sponsor
Name of Any Connected O		lership PAC Sponsor
NONE	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
	tify by name, address (phone number optional) and position of the person in	possession of committe
books and records.		
Valorie Sm Full Name	ith 	
Mailing Address	1419 E. Catherine	
	Pekin IL 6155	54
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 217	706 - 5115
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Valorie Smi	th	
Mailing Address	1419 E. Catherine	
	Pekin IL 6155	4
Title or Position	CITY STATE	ZIP CODE

FEC Form	1 (Revised 02/2009)		Page 4				
Full Name of Designated Agent	Mark D Wicklund						
Mailing Address	3865 E Cantrell St						
	Decatur	STATE 62521	ZIP CODE				
Title or Position Assistant Treasu	ırer 	mber 217 - [706				
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. Busey Bank							
Mailing Address	130 N Water St						
	Decatur	IL 62521					
	CITY	STATE	ZIP CODE				
Name of Bank, D	Depository, etc.						
Mailing Address							
	CITY	STATE					