

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Friends Of John Laesch

ADDRESS (number and street)

PO Box 284

(Check if address is changed)

Sugar Grove

IL

60554

0284

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tgalonso@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.John08.com

COMMITTEE'S FAX NUMBER

6309070313

2. DATE

MM / DD / YYYY  
07 / 27 / 2007

3. FEC IDENTIFICATION NUMBER

C C00414045

4. IS THIS STATEMENT

NEW (N)

OR

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

Type or Print Name of Treasurer Michelle Emanuel

Signature of Treasurer Electronically Filed by Michelle Emanuel

Date MM / DD / YYYY  
07 / 27 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

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

FEC FORM 1  
(Revised 02/2003)

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 **John Laesch**

Candidate Party Affiliation  Office Sought:  House  Senate  President State **IL** District **14**

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.
- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

**None**

Mailing Address   
  
  -   
**CITY ▲ STATE ▲ ZIP CODE ▲**

Relationship

Type of Connected Organization:

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

Write or Type Committee Name

**Friends Of John Laesch**

- 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 Michelle Emanuel

Mailing Address 535 Blackberry Ridge Drive

Aurora IL 60506 - 7902

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 630 - 907 - 0312

- 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 of Treasurer Michelle Emanuel

Mailing Address 535 Blackberry Ridge Drive

Aurora IL 60506 - 7902

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 630 - 907 - 0312

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.

Castle Bank

Mailing Address

606 Countryside Center

Yorkville

IL

60560

1071

CITY ▲

STATE ▲

ZIP CODE ▲