

FEC FORM 1

STATEMENT OF ORGANIZATION

Amended

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2016 FEB -1 AM 8:19

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

committee to elect robert marshall

ADDRESS (number and street) 3304 Grove Av
(Check if address is changed)
benwyn IL 60402
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
(Check if address is changed) radman1200@aol.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed) none CITIZENS FOR ROBERTMARSHALL.COM

2. DATE 01 28 2016
3. FEC IDENTIFICATION NUMBER 000583567
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

Form 8871
rec 527

http://www.irs.gov/pubs/1125.pdf/18871.pdf

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 robert marshall Robert Marshall
Signature of Treasurer robert marshall Robert Marshall Date 01 28 2016

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.

NON INFORMATION

Vicki Davis

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Dr. robert alan marshall M.D.

Candidate Party Affiliation DEM Office Sought: House Senate President State IL District 06

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 Fundraising Representative:

- (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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number: <input type="checkbox"/> C _____
2.	_____	FEC ID number: <input type="checkbox"/> C _____
3.	_____	FEC ID number: <input type="checkbox"/> C _____
4.	_____	FEC ID number: <input type="checkbox"/> C _____

NON-CONFIDENTIAL

Write or Type Committee Name

committee to elect robert marshall

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

robert marshall

Mailing Address

3304 grove av

berwyn

IL

60402

Title or Position

CITY

STATE

ZIP CODE

treasurer

Telephone number

708

795

1655

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

robert marshall

Mailing Address

3304 grove av

berwyn

IL

60402

Title or Position treasurer

CITY

STATE

ZIP CODE

Telephone number

708

795

1655

NOTIFICATION OBSERVATION

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2016 FEB - 1

PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	Insurance Fee	COD Fee
1007	JAN 29 18	\$22.95	\$	\$
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transportation Fee	
JAN 29 18	12 NOON	\$	\$	
Time Accepted	10:30 AM Delivery Fee	Total Postage & Fees		
10:30 AM	\$	\$22.95		
Weight (lbs.)	Sunday/Holiday Premium Fee			
0.25	\$			
Rate	Acceptance Employee Initials			
1007				
Delivery Attempt (MM/DD/YY)	Time	Employee Signature		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature		

LABEL 11-B, SEPTEMBER 2015

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Federal Election Commission
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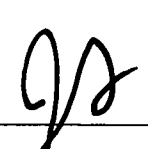
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PREPARER  2/1/16
 (3/2015) DATE PREPARED

20160209 10:00:00 AM