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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Illinois Bankers Association PAC (Illinois Bankers PAC) 3201 W. White Oaks Drive, Suite 40 ADDRESS (number and street) (Check if address is changed) Springfield 62704 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS awinebaugh@ilbanker.com (Check if address is changed) Optional Second E-Mail Address |bjackson@llbanker.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00139568 FEC IDENTIFICATION NUMBER 3. 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. Hultgren, Randy, , , Type or Print Name of Treasurer Hultgren, Randy, , , [Electronically Filed] 07 15 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 Only

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	raye z
Candid	ate 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. (Cominformation below.)	plete the candidate
Name of Candidate	9	
Candidate Party Affi	333	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Politica	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
_	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 se committee. (i.e., nonconnected committee)	egregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	indraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
С	ommittees Participating in Joint Fundraiser	
1.	. J	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee	e Name		
Illinois Bank	ers Association PAC (I	Illinois Bankers	PAC)
6. Name of Any Conne	ected Organization, Affiliated Committee, J	oint Fundraising Representat	ive, or Leadership PAC Sponsor
Illinois Bankers As	ssociation PAC (Illinois Bankers	S PAC)	
Mailing Address	3201 W. White Oaks Drive, Suite 40		
	Springfield		62704
	CITY	STATE	ZIP CODE
Relationship: Cor	nnected Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
7. Custodian of Record books and records.	ls: Identify by name, address (phone number	r optional) and position of th	e person in possession of committee
Win Full Name	nebaugh, Amanda 'Aimee', L, ,		
Mailing Address	524 S. Second Street		
Mailing Address	Suite 600		
	Springfield	, , IL	, 62701
Title or Position	CITY	STATE	ZIP CODE
AVP		Telephone number	217 - 789 - 9340
8. Treasurer: List the national any designated agent	me and address (phone number optional) (e.g., assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name Hult of Treasurer	tgren, Randy, , ,		
Mailing Address	3201 W. White Oaks Drive, Suite 40		
		<u> </u>	
	Springfield		62704 -
Til 5	CITY	STATE	ZIP CODE
Title or Position President & CEO		Telephone number	217 - 789 - 9340

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Full Name of Designated Agent	Hultgren, Randy, , ,	
Mailing Address	3201 W. White Oaks Drive, Suite 40	
	Springfield IL 62704 CITY STATE Z	IP CODE
Title or Position President & CEC	Telephone number	39 9340
a 1 au	man and the state of the state	
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. Illinois National Bank	accounts, rents
safety deposit bo	xes or maintains funds. Depository, etc.	accounts, rents
safety deposit bo Name of Bank, D	xes or maintains funds. Depository, etc. Illinois National Bank	accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. Illinois National Bank 322 East Capitol Avenue	
safety deposit bo Name of Bank, D	Depository, etc. Illinois National Bank 322 East Capitol Avenue Post Office Box 394 Springfield IL 62705-038	
safety deposit bo Name of Bank, D	Depository, etc. Illinois National Bank 322 East Capitol Avenue Post Office Box 394 Springfield CITY STATE Z	94
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Illinois National Bank 322 East Capitol Avenue Post Office Box 394 Springfield CITY STATE Z	94
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Illinois National Bank 322 East Capitol Avenue Post Office Box 394 Springfield CITY STATE Z	94
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Illinois National Bank 322 East Capitol Avenue Post Office Box 394 Springfield CITY STATE Z	94
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Illinois National Bank 322 East Capitol Avenue Post Office Box 394 Springfield CITY STATE Z	94

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number C	
	4.		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative, or Leadership PAC S	Sponsor
	American Bankers	s Association PAC (BankPac)		1
	Mailing Address	1120 Connecticut Avenue NW Ste 600		
		1		. .
		Washington	DC 20036	
	Relationship:	CITY A	STATE ▲ ZIP CODE	A
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative Leadership PA	C Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Decignated rigent recommy	by hame, address (phone hamber optional)		
	Full Name	by name, address (phone namber optional)		
	Full Name			
	Full Name			
	Full Name	CITY		
	Full Name	CITY	STATE A ZIP CODE A	
	Full Name	CITY A		
	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY A	STATE A ZIP CODE A	
9.	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY CITY Te	STATE A ZIP CODE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Te	STATE A ZIP CODE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A ZIP CODE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail. Name of Bank,	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A ZIP CODE A dephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A ZIP CODE A dephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A ZIP CODE A dephone Number	