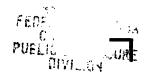
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FEC FORM 1

STATEMENT OF **ORGANIZATION**



2013 JAN -7 PM 12: 15

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Joy ce Wash	i <u>ınıgıtıoını For</u>	Cioinigirieisis	
ADDRESS (number and street)	1,9, ,S,o,u,t,h;	La Salle	
(Check if address is changed)	Suitte 1500	<u> </u>	
	[Chi,ca,g,o, , CITY▲		I_L 6,0,6,2,0 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	ss		
(Check if address is changed)	j washinagt	_i o,n,g,r,o,u,p,@,g,m dress	nai,l.,c.o,m
COMMITTEE'S WEB PAGE ADD	ORESS (URL)		
(Check if address is changed)	www.j _i o.yc.e _i w	as hi nigit on to	rcongireiss.com
2. DATE 1 2 3	1 2 0 1 2		
3. FEC IDENTIFICATION NU	JMBER ▶ C	min ter som et er i dette fra et et e k har har lær i der til er til er de kræde er til	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	is Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Joyce E.	PRICE	
Signature of Treasurer	syce & Price	υ	Date 0 1 0 3 20 1 3
NOTE: Submission of false, errone	•	may subject the person signing to CON SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commission Toil Free 800-424-9530 Local 202-694-1100	CCL. CLIBWI I

Ft	EC FOI	m 1 (Hevised 02/2009)	Page Z
TYPE	OF C	ОММІТТЕЕ	
Cand	lidate	Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	P 4	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate
Name Candid		Joy, cie, Washington, , , , , , , , , , , , , , , , , , ,	
Candid Party	dete Affiliatio	on DEM Sought: X House Senate President	tate IL
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	/ Con	nmittee:	
(d)		(National, State (Demo	eratic, lican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)	,	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	<i>•</i>	Corporation w/o Capital Stock Labo	or Organization
			perativn
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	1. 1. 1. 1.	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregar committee. (i.e., nonconnected committee)	ted fund or party
		In addition, this committee is a Lebbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(h)	\$1,753 }}	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	•		
	Com	mittees Participating in Joint Fundraiser	ana manangan
	1.	FEC ID number C	in the state of th
	2.	FEC ID number C	
	3.	FEC ID number C	
	4 .	FEC ID number C	andrometrig Sometrer i d

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FEC Form 1 (Revised 02/2009)

6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fu	undraising Representative, or Leadership PAC Sponsor	
Mailing Address			Ш
			Ш
	CITY	STATE ZIP CODE	
Relationship: Connected	d Organization Affiliated Committee	loint Fundraising Representative Leadership PAC Spon	nsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number opt	tional) and position of the person in possession of commit	ttee
,	E. 48		
Full Name Joyce	Price Price		لــ
Mailing Address	2,4,8,1,W.,6,3,Court,,,,		لـــ
			لــا
	[Merrillville	LIN 46410-LI	لــا
Title or Position	CITY	STATE ZIP CODE	
Treasurer		Telephone number 2,1,9 - 8,0,5 - 4,6,5	<u>3 0</u>
3. Treasurer: List the name and any designated agent (e.g., a		treasurer of the committee; and the name and address o	of
Full Name of Treasurer J ₁ O ₁ Y ₁ O	cie Pri cie		لــا
Mailing Address	24,8,1, W. 6,3,r,d, Cq	<u>u,r,t, , , , , , , , , , , , , , , , , , </u>	لـا
			لــا
	[Mer,r,v,i,l,l,v,i,l,l,e,,,	I N 46410-	لــا
Title or Position Tiriejaisjuirieiri		Telephone number 2 1 1 9 - 8 0 5 - 4 6 5	ال

FEC Form	n 1 (Revised 0.2/2009)	Page 4
	110	
Full Name of Designated Agent	[J.o.y.c.e, MP.r.i.c.e,]	
Mailing Address	[2, 4, 8, 1, W., 6, 3, rd, C, o, u, r, t, , , , , , , , , , ,	
	Merrii, I,	6,4,1,0]-[,,,
Title or Position	u r e r Telephone number 2 1 9	-[8,0,5]-[4650
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds	holds accounts rents
	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, [oxes or maintains funds. Depository, etc. Federal Bank	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, [Depository, etc. [Fjederal Bank, , , , , , , , , , , , , , , , , , ,	P653 -
safety deposit bo Name of Bank, [Depository, etc. [Fiederal Bank,	
safety deposit bo Name of Bank, [Depository, etc. [Fiederal Bank] [4,6,1,9,S,Ki,n,g,D,r,i,v,e,] [Chi,cago,] [Chy, State]	
safety deposit bo Name of Bank, [Depository, etc. [Fiederal Bank] [4,6,1,9,S,Ki,n,g,D,r,i,v,e,] [Chi,cago,] [Chy, State]	ρ653 j-
safety deposit bo Name of Bank, [Depository, etc. [Fiederal Bank] [4,6,1,9,S,Ki,n,g,D,r,i,v,e,] [Chi,cago,] [Chy, State]	ρ653 j-
Name of Bank, I	Depository, etc. [Fiederal Bank] [4,6,1,9,S,Ki,n,g,D,r,i,v,e,] [Chi,cago,] [Chy, State]	ρ653 j-
safety deposit be Name of Bank, I Mailing Address	Depository, etc. [Fiederal Bank] [4,6,1,9,S,Ki,n,g,D,r,i,v,e,] [Chi,cago,] [Chy, State]	0653 . j-L

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED