## STATEMENT OF

PAGE 1 / 4 =

FORM 1		0	RGAN	IZATI	ON				Office Us	e Only		
1. NAME OF COMMITTEE (in	n full)		Check if names changed)		ample:If typinger the lines.	ı, type	12FI	E4M5	Office Os	e Only		
COMMERC	IAL LA	W LEA	AGUE O	FAME	RICA PO	OLITIC		CTIC	ON C	OM	MIT	ΓEΕ
ADDRESS (number and street)  (Check if address is changed)		3005 TO	LLVIEW DRIVE	<u> </u>								
	,	ROLLING MEADOWS				IL						
		CI	TY▲				STATE	<b>A</b>		ZIP (	CODE	_
COMMITTEE'S E-MA	AIL ADDRES	SS										
(Check if address is changed)		TRAC	Y.LATTANZ	IO@CLLA	.ORG							
		Optional KERR	Second E-Ma Y.JENSEN	il Address I@NACN	ICONNEC	T.ORG						
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (UI	RL)			1 1 1 1	1 1	1 1 1	1 1 1		1 1	ı ı I
io onangeo	-,											
2. DATE 12			y y y 2022									
3. FEC IDENTIFIC	CATION NU	JMBER ▶	. C	C002346	32							
4. IS THIS STATEN	MENT X	NEW	(N) OI	R	AMEND	ED (A)						
I certify that I have e	examined th	is Stateme	nt and to the	best of my	knowledge an	d belief it	is true, o	correct a	nd com	olete.		
Type or Print Name of	of Treasurer	Lattanzio	o, Phillip, James	S, ,								
Signature of Treasure	er <i>Lattan</i>	zio, Phillip, .	James, ,		[Electronically	Filed]	Date	12	/ D	b /	202	
NOTE: Submission of	false, errone			-	bject the perso HOULD BE RE				he penal	ies of 5	52 U.S.C	). §30109.
Office Use					For further int Federal Electio Toll Free 800-4	n Commissio				FOI		

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>				
TYPE OF COMMITTEE:					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate inform	mation below.)				
(b) This committee is an authorized committee, and is NOT a principal campaign con information below.)	mmittee. (Complete the candidate				
Name of Candidate					
Candidate Office Sought: House Senate	President District				
(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 or	n line 6.) Its connected organization is as				
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 committee. (i.e., nonconnected committee)	a separate segregated fund or party				
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor on lin	ne 6.)				
(g) This committee is an independent expenditure-only political committee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contribution	accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a form	·				
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1. [	C				
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ı	FEC Form 1 (	(Revised 02/2009)	Page <b>3</b>					
٧	Vrite or Type Commit	ttee Name	<u> </u>					
	COMMERC	CIAL LAW LEAGUE OF AMERICA POLITICAL ACTION CO	MMITTEE					
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	NONE							
	Mailing Address							
			-					
		CITY ▲ STATE ▲ Z	IP CODE ▲					
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative Le	adership PAC Sponso					
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.							
	I	Lattanzio, Phillip, James, ,						
	Full Name							
	Mailing Address	3005 Tollview Drive						
		Rolling Meadows   IL   60008						
		CITY ▲ STATE ▲ Z	IP CODE ▲					
	Title or Position ▼							
	Treasurer		33 6477					
8.		name and address (phone number optional) of the treasurer of the committee; and the nament (e.g., assistant treasurer).	e and address of					
	Full Name Lattanzio, Phillip, James, ,							
	of Treasurer							
	Mailing Address	3005 Tollview Drive						
		Rolling Meadows IL 60008						
	Title or Position —	CITY ▲ STATE ▲ Z	IP CODE ▲					
	Title or Position ▼		33  -  6477					

Telephone number

FEC <b>For</b>	<b>1</b> (Revised 02/2009)			Page <b>4</b>				
Full Name of Designated	(							
Agent								
Mailing Addre	ss <u> </u>							
Title or Position	CITY .	<b>A</b>	STATE ▲	ZIP CODE ▲				
		Telephone nu	mber					
	er Depositories: List all banks or other depo boxes or maintains funds.	sitories in which the committ	tee deposits funds,	holds accounts, rents				
Name of Bank	Name of Bank, Depository, etc.							
	CIBC BANK USA							
Mailing Addre	s 120 S. LaSalle Street							
	Chicago		IL 606	603				
	CITY	_	STATE ▲	ZIP CODE ▲				
Name of Ban	, Depository, etc.							
Mailing Addre	s							
	CITY	•	STATE ▲	ZIP CODE ▲				