

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

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

12FE4M5

GREAT LAKES, GREAT JOBS

ADDRESS (number and street)

1212 N ASHLAND AVE SUITE 213

☐(Check if address
is changed)

CHICAGO

CITY ▲

IL

STATE ▲

60622

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

info@greatlakesgreatjobs.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒(Check if address
is changed)

www.greatlakesgreatjobs.com

2. DATE

MM / DD / YYYY
07 / 28 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00681726

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 MCCAULEY, ALICIA, A.,

Signature of Treasurer

MCCAULEY, ALICIA, A.,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 28 / 2018

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

GREAT LAKES, GREAT JOBS**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

MCCAULEY, ALICIA, A, ,

Mailing Address

1212 N ASHLAND AVENUE SUITE 213

CHICAGO

IL

60622

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

MCCAULEY, ALICIA, A, ,

Mailing Address

1212 N ASHLAND AVENUE SUITE 213

CHICAGO

IL

60622

Title or Position
TREASURER

CITY

STATE

ZIP CODE

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

BANK OF AMERICA

Mailing Address

105 N HALSTED STREET

CHICAGO

IL

60661

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE