Only

## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. GREAT LAKES, GREAT JOBS 1212 N ASHLAND AVE SUITE 213 ADDRESS (number and street) (Check if address is changed) **CHICAGO** 60622 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@greatlakesgreatjobs.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.greatlakesgreatjobs.com (Check if address is changed) DATE 2018 C00681726 FEC IDENTIFICATION NUMBER > 3. X 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. MCCAULEY, ALICIA, A,, Type or Print Name of Treasurer MCCAULEY, ALICIA, A,, [Electronically Filed] 07 28 2018 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

Local 202-694-1100

|            | FEC Fo                 | rm 1 (Revised 02/2009)   | Page 2                                  |
|------------|------------------------|--|---|
|            |                        | OMMITTEE   |   |
|            | naidate                | Committee:   |   |
| (a)        | Ш                      | This committee is a principal campaign committee. (Complete the candidate information below.)  |   |
| (b)        | Ш                      | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)   | plete the candidate                     |
|            | ne of<br>didate        |  |   |
|            | didate<br>y Affiliatio | Office Sought: House Senate President  | State                                   |
| (c)        |                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District                                |
|            | ne of<br>didate        |  |   |
| Par        | ty Con                 | nmittee:   |   |
| (d)        |                        | · · · · · · · · · · · · · · · · · · ·  | Democratic,<br>Republican, etc.) Party. |
| Pol        | itical A               | ction Committee (PAC):   |   |
| (e)        |                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont  | nected 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.  |   |
| <b>(5)</b> |                        |  | areasted fund or porty                  |
| (f)        | ×                      | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)   | gregated fulld of party                 |
|            |                        | In addition, this committee is a Lobbyist/Registrant PAC.  |   |
|            |                        | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |
| Joir       | nt Fund                | raising Representative:  |   |
| (g)        |                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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.         | o or more political                     |
|            | Com                    | mittees Participating in Joint Fundraiser  |   |
|            | 1.                     | FEC ID number  |   |
|            | 2.                     | FEC ID number  |   |
|            | 3.                     | FEC ID number  |   |
|            | 4.                     |  |   |

| FEC Form 1 (Revised (   | 12/2009)  | Page <b>3</b>                       |
|---|---|-------------------------------------|
| Write or Type Committee Name  |   | . age 🗸                             |
|   | , GREAT JOBS  |                                     |
|   | rganization, Affiliated Committee, Joint Fundraising Representation                     | ve, or Leadership PAC Sponsor       |
| NONE  |   |                                     |
|   |   |                                     |
|   |   |                                     |
| Mailing Address   |   |                                     |
|   |   |                                     |
|   |   |                                     |
|   | CITY STATE  | ZIP CODE                            |
| Relationship: Connected   | Organization Affiliated Committee Joint Fundraising Represe                             | ntative Leadership PAC Sponsor      |
| <ol> <li>Custodian of Records: Iden<br/>books and records.</li> </ol> | tify by name, address (phone number optional) and position of the                       | e person in possession of committee |
| MCCAULE<br>Full Name  | Y, ALICIA, A, ,   |                                     |
|   | 1212 N ASHLAND AVENUE SUITE 213   |                                     |
| Mailing Address   |   |                                     |
|   | CHICAGO   | 60622                               |
|   |   |                                     |
| Title or Position   | CITY STATE  | ZIP CODE                            |
| TREASURER   | Telephone number  |                                     |
| 8. <b>Treasurer:</b> List the name and any designated agent (e.g., a  | I address (phone number optional) of the treasurer of the committeessistant treasurer). | ee; and the name and address of     |
| Full Name MCCAULE of Treasurer  | Y, ALICIA, A, ,   |                                     |
| Mailing Address   | 1212 N ASHLAND AVENUE SUITE 213   |                                     |
|   |   |                                     |
|   | CHICAGO   | 60622                               |
| Title or Position   | CITY STATE  | ZIP CODE                            |
| TREASURER   | Telephone number  |                                     |

| FEC For   | rm 1 (Revised 02/2009)  | Page <b>4</b> |
|---|---|---------------|
|   |   |               |
| Full Name of Designated                                       | 1   |               |
| Agent   |   |               |
| Mailing Address   |   |               |
|   |   |               |
|   | CITY STATE  | ZIP CODE      |
| Title or Position   |   |               |
|   | Telephone number  |               |
|   |   |               |
| safety deposit b  |   |               |
| safety deposit b  | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET   |               |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET   |               |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET   |               |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET  CHICAGO  I IL   6066                   |               |
| safety deposit b<br>Name of Bank,                             | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET  CHICAGO  CITY  STATE                   | 1             |
| safety deposit b Name of Bank, Mailing Address                | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET  CHICAGO  CITY  STATE                   | 1             |
| safety deposit b Name of Bank, Mailing Address                | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET  CHICAGO  CITY  STATE                   | 1<br>ZIP CODE |
| safety deposit b Name of Bank, Mailing Address                | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET  CHICAGO  CITY  STATE  Depository, etc. | 1<br>ZIP CODE |
| safety deposit b Name of Bank, Mailing Address  Name of Bank, | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET  CHICAGO  CITY  STATE  Depository, etc. | 1<br>ZIP CODE |
| safety deposit b Name of Bank, Mailing Address  Name of Bank, | Depository, etc.  BANK OF AMERICA  105 N HALSTED STREET  CHICAGO  CITY  STATE  Depository, etc. | 1<br>ZIP CODE |