Image# 12950669908 PAGE 1 / 4

STATEMENT OF **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. Friends of Juan Thomas P.O. Box 575 ADDRESS (number and street) (Check if address is changed) 60507 Aurora CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) friendsofjuanthomas2012@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.juanthomas.com (Check if address is changed) DATE 07 01 2011 C00498501 FEC IDENTIFICATION NUMBER X IS THIS STATEMENT **OR** NEW (N) 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. Mrs. Angela Thomas Type or Print Name of Treasurer Mrs. Angela Thomas [Electronically Filed] 01 31 2012 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 Use		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)
	Only		Local 202-694-1100	(11011004 02/2000)

	FEC <b>Fo</b>	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
Car		e 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. (Complete the candidate information below.)
Nam Cand	e of didate	Juan Thomas
	didate	Office State
Party	/ Affiliation	on DEM Sought: X House Senate President  District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of didate	
Par	ty Con	nmittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	Iraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	Com	
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4	

FEC <b>Form 1</b> (Revised	02/2000)	Page <b>3</b>
Write or Type Committee Nan		raye 3
Friends of Juai		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	ip PAC Sponsor
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in posso	ession of committee
Full Name		
Mailing Address		
Mailing Address		
Title or Position	CITY STATE Z	IP CODE
	Telephone number =	
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of
	ela Thomas	<b>.</b>
Mailing Address	2030 West Illinois Avenue Apt. 1H	
Š		
	Aurora IL   60506	
Title or Position	CITY STATE ZI	IP CODE
	Telephone number	

	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
Title or Position	CITY STATE Z	IP CODE
	Telephone number	
. Banks or Other	<b>r Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	accounts, rents
Name of Bank,		
	Depository, etc.  Citibank ,201 Genesis	
Name of Bank,	Depository, etc.  Citibank ,201 Genesis	
Name of Bank,	Depository, etc.  Citibank ,201 Genesis	
Name of Bank,	Depository, etc.  Citibank  201 Genesis  North Aurora  IL 60542	IP CODE
Name of Bank,	Depository, etc.  Citibank  201 Genesis  North Aurora  IL 60542  CITY  STATE  Z	IP CODE
Name of Bank,  Mailing Address	Depository, etc.  Citibank  201 Genesis  North Aurora  IL 60542  CITY STATE Z  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Citibank  201 Genesis  North Aurora  IL 60542  CITY STATE Z  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  Citibank  201 Genesis  North Aurora  IL 60542  CITY STATE Z  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Citibank  201 Genesis  North Aurora  IL 60542  CITY STATE Z  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Citibank  201 Genesis  North Aurora  IL 60542  CITY STATE Z  Depository, etc.	### CODE