## STATEMENT OF

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**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. Schneider for Congress PO Box 1318 ADDRESS (number and street) (Check if address is changed) Deerfield 60015 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS vwinpisinger@gmail.com (Check if address is changed) Optional Second E-Mail Address bss820@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.schneiderforcongress.com (Check if address is changed) DATE 2022 C00495952 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. Karton, Deborah, , , Type or Print Name of Treasurer Karton, Deborah, , , [Electronically Filed] 09 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Only

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	TYPE OF COMMITTEE:	
	Candidate 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 information below.)	candidate
	Name of Candidate Schneider, Bradley, Scott, ,	
	Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State IL District 10
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diodrick 10
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	I organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperation	ive
	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 committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 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	O).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
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٧	Vrite or Type Committee Name			
	Schneider for (			
6.	Name of Any Connected O Schneider Victory Fu	rganization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leade	rship PAC Sponsor
	Line in the control of the control o			
	Mailing Address	PO Box 83142		
		Gaithersburg	MD     20883	
		CITY ▲	STATE A	ZIP CODE ▲
	Dalatianahin. Canasatad			
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraisin	ng Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position	of the person in posses	sion of committee
	Winpisinge	er, Vickie, , ,		
	Full Name			
	Mailing Address	315 Inspiration Lane		
		I	1 1 1 1 1 1 1 1	
		Gaithersburg	MD 20878	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Assistant Treasurer	Telephone nu	ımber	947   0278
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of thassistant treasurer).	ne committee; and the r	name and address of
	Full Name Karton, De	borah, , ,		
	of Treasurer			
	Mailing Address	PO Box 1318		
		Deerfield	IL 60015	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone nu	ımber <u>847</u> – [	441 - 5911

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Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE A	▲ ZIP CODE ▲
	Telephone number	
	<b>Depositories:</b> List all banks or other depositories in which the committee deposition of maintains funds.	ts funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	The Private Bank	
Mailing Address	1000 Green Bay Road	
	Winnetka IL	60093
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Congressional Bank	
Mailing Address	7963 Tuckerman Lane	
	Potomac   MD	20854
	CITY ▲ STATE 4	XIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisin</b>		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint  by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional)  CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional)  CITY   Te  ies: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional)  CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional)  CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.  f America	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional)  CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.  f America	STATE A	ZIP CODE A