

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED, SECRETARY OF THE SENATE

03 JUN 25 AM 11:57

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Oberweis For U.S. Senate, Inc.

ADDRESS (number and street)

630 Garfield Ave.

(Check if address is changed)

Aurora

IL

60508

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.oberweisforsenate.com

2. DATE

MM DD YYYY

3. FEC IDENTIFICATION NUMBER

C00370049

4. IS THIS STATEMENT

(X)

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

Richard G. Hawks

Signature of Treasurer

Richard G. Hawks

Date

01 30 2002

NOTE: Submission of false, anonymous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission, Toll Free 800-424-6530, Local 202-694-1110

FEC FROM 1 (Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

- (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.)

Name of Candidate James D. Oberweiss

Candidate Party Affiliation REP Office Sought House Senate President State IL District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Oberwels For U.S. Senate, Inc.

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

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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**Richard G. Hawks**

Mailing Address

930 Garfield Ave.

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

630**801****6083**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲



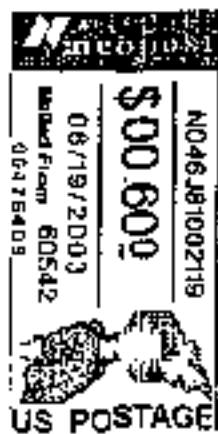


Oberwells
Securities, Inc.
Member NASD/SIPC
951 Joe Croom Drive, Suite 200
North Aurora, IL 60542

*Office of Public Records
PO Box 5109
Alexandria, VA*

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