

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2008 OCT 21 AM 9:07

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT SCOTT SUMMERS

ADDRESS (number and street)

120605 EAST BRINK STREET

(Check if address
is changed)

PO BOX 430

HARVARD

IL

60033-0430

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFO@SUMMERSFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SUMMERSFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

708-401-9080

2. DATE

10/10/2008

3. FEC IDENTIFICATION NUMBER

C00438887

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

X

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

Carol Krohm

Signature of Treasurer

Carol Krohm

Date

10/10/2008

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
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

5. 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 candidate information below.)

Name of Candidate

SCOTT SUMMERS

Candidate Party Affiliation

GRN

Office Sought:

☒

House

Senate

President

State

IL

District

16

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

Name of Candidate

Party Committee:

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

Political Action 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

- (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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

- | | | | |
|----|--|---------------|---|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| 5. | | FEC ID number | C |

Write or Type Committee Name

COMMITTEE TO ELECT SCOTT SUMMERS

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Mailing Address

NONE

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

CAROL KROHM

Mailing Address

20605 EAST BRINK STREET

PO BOX 430

HARVARD

IL

60033-0430

CITY

STATE

ZIP CODE

Title or Position

SECRETARY

Telephone number

815-943-6905

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

CAROL KROHM

Mailing Address

20605 EAST BRINK STREET

PO BOX 430

HARVARD

IL

60033-0430

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

815-943-6905

Full Name of
Designated
Agent

SCOTT SUMMERS

Mailing Address

120605 EAST BRINK STREET

PO BOX 430

HARVARD

CITY

IL

STATE

60033-0430

ZIP CODE

Title or Position

ASST. TREASURER/SEC.

Telephone number

815-943-6905

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.

SHOREBANK

Mailing Address

17936 SOUTH COTTAGE GROVE

CHICAGO

CITY

IL

STATE

60619-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
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☐ Postmark Illegible	
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☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
<i>JmW</i> PREPARER	<i>10/21/05</i> DATE PREPARED

(3/2005)

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