Only

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. Brendan Kelly for Southern Illinois PO Box 736 ADDRESS (number and street) (Check if address is changed) Belleville 62222 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vwinpisinger@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) brendan4southernil.com (Check if address is changed) DATE 2018 C00649558 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. Hoerner, Garrett, , , Type or Print Name of Treasurer Hoerner, Garrett,,, [Electronically Filed] 09 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

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
(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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate	Kelly, Brendan, , ,	
	lidate Affiliati	on DEM Office Sought: X House Senate President	State IL District 12
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	Democratic,
(d)		· · · · · · · · · · · · · · · · · · ·	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 on line 6.)	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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Join	t Fund	Iraising 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.		
	4		

ı	FEC Form 1 (Re	oviced 02/2000)	Page 3
Wı	rite or Type Committee		raye 3
		lly for Southern Illinois	
 6.		ected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dershin PAC Sponsor
			assimp i no opolisoi
	gidems Commit	ttee 	
Ш			
	Mailing Address	8391 Beverly Blvd.	
	3	Suite 638	
		Los Angeles CA 900	48
		CITY STATE	ZIP CODE
	в. и. П а		-
	Relationship: Cor	nnected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Record books and records.	ls: Identify by name, address (phone number optional) and position of the person in	n possession of committee
	Wir Full Name	npisinger, Vickie, , ,	
		PO Box 83142	
	Mailing Address		
		Gaithersburg , MD , 208	83
	Title or Position	CITY STATE	ZIP CODE
	Assistant Treasurer	Telephone number	- 947 - 0278
		me and address (phone number optional) of the treasurer of the committee; and th (e.g., assistant treasurer).	e name and address of
		erner, Garrett, , ,	1
	of Treasurer	IPO Box 736	
	Mailing Address		
		. D. W W.	
		Belleville IL 622	
	Title or Position Treasurer	CITY STATE	ZIP CODE - 235 - 0020
			ı

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, D	Depository, etc. Bank of Edswardsville	
safety deposit bo Name of Bank, D	Depository, etc. Bank of Edswardsville	
safety deposit bo Name of Bank, D	Depository, etc. Bank of Edswardsville 5720 W Main Street	ZIP CODE
safety deposit bo Name of Bank, D	Depository, etc. Bank of Edswardsville 5720 W Main Street Belleville CITY STATE	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. Bank of Edswardsville 5720 W Main Street Belleville CITY STATE Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. Bank of Edswardsville 5720 W Main Street Belleville CITY STATE	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. Bank of Edswardsville 5720 W Main Street Belleville CITY STATE Depository, etc. Amalgamated Bank	
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5(a)	or(h). Joint Fundraisin	g Participant:		
· (9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4			
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Committee for Mic	iwest Phonties		
	Mailing Address	PO Box 83142		
		Gaithersburg	MD	20883
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			Jambana Nissahan	1-1 1-1 1
			elephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents

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

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h). Joint Fundraisin				\	C
1.				number .	
2.			_	number	С
3.			FEC ID	number	C
4			FEC ID	number	C
	Organization, Affiliated	Committee, Joint F	Fundraising Rep	resentative	e, or Leadership PAC Spon
Blue IL 18					
Mailing Address	918 Pennsylvania Ave	nue, SE			
	Washington			DC	20003
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connected	I Organization Affilia	ted Committee	Joint Fundraising	Representa	ative Leadership PAC S
Connected esignated Agent: Identify				Representa	Leadership PAC S
				Representa	Leadership PAC S
esignated Agent: Identify				Representa	Leadership PAC S
esignated Agent: Identify				Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (pho	ne number – optiona	al)		Leadership PAC S
esignated Agent: Identify	by name, address (pho	ne number – optiona	al)	STATE A	
esignated Agent: Identify Full Name	by name, address (pho	ne number – optiona	al)	STATE A	
esignated Agent: Identify Full Name	by name, address (pho	ne number – optiona	al) Telephone No	STATE A	
Full Name Mailing Address TITLE OR POSITION	by name, address (pho	ne number – optiona	al) Telephone No	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	by name, address (pho	ne number – optiona	al) Telephone No	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	by name, address (pho	ne number – optiona	al) Telephone No	STATE A	ZIP CODE A

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5(g)	or(h). Joint Fundraisin ç	ן Participant:			
	1.		FEC II) number	C
	2		FEC II	0 number	C
	3		FEC II	0 number	C
	4		FEC II) number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Sponsor
	Mailing Address	918 Pennsylvania Avenue, SE			
		Washington	1	DC	20003
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraising	g Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - option	nal)	1 1 1 1	
	Mailing Address				
	-				
				1 . 1	1
	TITLE OR POSITION	_ CITY ▲		STATE A	ZIP CODE ▲
		· 	Telephone N	umber	
9.	Name of Bank, Depository, etc.	ies: List all banks or other depositories in values funds.	which the commi	ttee deposit	s funds, holds accounts, rents
	Mailing Address				
		CITY ▲		STATE A	ZIP CODE 🛦

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

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h). Joint Fundraisi		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		T LO ID Humber	O
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Serve America V	ictory Fund		
	PO Box 2013		
Mailing Address			
	Salem	MA	01970
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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5(g)	or(h). Joint Fundraising	g Participant:		
	1		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Better Days Fund			
	Mailing Address	700 13TH STREET, NW		
		SUITE 600		
		WASHINGTON	ı DC ı	20005
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			Fundraising Representa	
	Connected	Organization Allillated Committee 50mi	rundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE ▲	
	Full Name	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Tel ies: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE A
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	STATE A ephone Number he committee deposits	ZIP CODE ZIP CODE S funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Tel ies: List all banks or other depositories in which trintains funds.	STATE A ephone Number he committee deposits	ZIP CODE ZIP CODE S funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tel ies: List all banks or other depositories in which trintains funds.	STATE A ephone Number he committee deposits	ZIP CODE ZIP CODE S funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tel ies: List all banks or other depositories in which trintains funds.	STATE A ephone Number he committee deposits	ZIP CODE ZIP CODE S funds, holds accounts, rents

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5(a).	or(h). Joint Fundraisin	α Particinant·			
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	2.		FEC ID number	С	ī
	3.		FEC ID number	C	Ħ
			FEC ID number	С	Ħ
	4.		T EO 15 Hambor		_
6.	Name of Any Connected MA for a Majority	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons	or
	Mailing Address	918 PENNSYLVANIA AVE SE			
					, 1
		WASHINGTON	, DC	20003	
	Relationship:	CITY A	STATE A	ZIP CODE ▲	
	Connected	d Organization Affiliated Committee	pint Fundraising Represent	ative Leadership PAC Spo	onsor
8.	Designated Agent: Identify	by name, address (phone number – optional)			
	Full Name				
	Mailing Address				, 1
				1	
	TITLE OF POOLEON	CITY ▲	STATE A	ZIP CODE A	
	TITLE OR POSITION	CITY A		ZIP CODE A	
	TITLE OR POSITION	CITY A	STATE Telephone Number	ZIP CODE A	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	Telephone Number		;
9.	Banks or Other Depositor	ries: List all banks or other depositories in which	Telephone Number		;
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	Telephone Number		}
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	Telephone Number		;
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lama of Amy Composted	Overeninskien Affiliated Committee Joint Fund	veising Denvesentative	a ay Landayahin DAC Coon
Brendan Kelly Vid	l Organization, Affiliated Committee, Joint Fundi ctory Fund	raising nepresentative	e, or Leadership PAC Spon
Mailing Address	PO Box 736		
	Belleville	, , <u> </u>	62222
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identii Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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