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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. Suzyn Price for Congress 116 E 14th Ave ADDRESS (number and street) (Check if address is changed) Naperville 60563 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@suzynpriceforcongress.com (Check if address is changed) Optional Second E-Mail Address admin@suzynpriceforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00639302 FEC IDENTIFICATION NUMBER 3. 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. Clarke, Neha, , , Type or Print Name of Treasurer Clarke, Neha,,, [Electronically Filed] 05 2017 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 Only

Local 202-694-1100

		4 (7)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Nam Cano	e of didate	Price, Suzyn, , ,	
	didate / Affiliati	on DEM Office Sought: * House Senate President	State IL District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(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 cor-	nnected organization is a:
		Corporation Wo 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)	egregated 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 to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		~
Suzyn Price fo	or Congress	
<u> </u>	d Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
Clarke,	, Neha, , ,	, , , , , , , , , , , , , , , , , , ,
Mailing Address	35 Circle Drive	
		<u> </u>
	Algonquin	60102
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	e; and the name and address of
Full Name Clarke, of Treasurer	Neha, , ,	
Mailing Address	35 Circle Drive	
	Algonquin	60102
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	-
safety deposit boxes of Name of Bank, Depos	sitory, etc.  IC Bank	s, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.	s, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  IC Bank  9 East Ogden Avenue	s, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.  Sitory, etc.  VC Bank  9 East Ogden Avenue    Naperville   IL   60	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  VC Bank  9 East Ogden Avenue  Naperville  CITY  STATE	0563
safety deposit boxes of Name of Bank, Deposition PN Mailing Address	or maintains funds. sitory, etc.  VC Bank  9 East Ogden Avenue  Naperville  CITY  STATE	0563
safety deposit boxes of Name of Bank, Deposition PN Mailing Address	or maintains funds. sitory, etc.  VC Bank  9 East Ogden Avenue  Naperville  CITY  STATE	0563
safety deposit boxes of Name of Bank, Deposition PN Mailing Address	or maintains funds. sitory, etc.  VC Bank  9 East Ogden Avenue  Naperville  CITY  STATE	0563
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	or maintains funds. sitory, etc.  VC Bank  9 East Ogden Avenue  Naperville  CITY  STATE	0563
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	or maintains funds. sitory, etc.  VC Bank  9 East Ogden Avenue  Naperville  CITY  STATE	0563