FEC

STATEMENT OF

FORM 1	ORGANIZAT	ΓΙΟΝ		
1 OTTIVI 1	(See instructions)			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Pollak For Cor	gress			
ADDRESS (number and s	treet) 500 Davis Street			
(Check if address	Suite 812			
is changed)	Evanston			60201 4655
	CI	ITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mai	il address)		
(Check if address is changed)	pollakforcongress@gm	nail.com		
io onangou)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
	Pollakforcongress com	1		
(Check if address is changed)	<u> </u>			
2. DATE 0.8	19 2010			
3. FEC IDENTIFICA	TION NUMBER C	C00467027		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my knowled	dge and belief it is true, correct a	and complete	
Type or Print Name of	Freasurer Neil Johnson			
Type of Fillit Name of	Treasurer			
Signature of Treasurer	Electronically Filed by Neil Johnson	<u>n</u>	Date 08	19 ' Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may su			es of 2 U.S.C. §437g.
Office	<u> </u>	For further information		
Use		Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5. TYPE OF C	OMMITTEE (Check One) Committee:			
(a) X	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. (Compleinformation below.)	ete the candidate		
Name of Candidate	Joel Barry Pollak			
Candidate Party Affiliat	ion REP Office X House Senate Presider	State District District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Com				
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.		
Political Ac	tion Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected 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 segreg committee. (i.e., nonconnected committee)	ated 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.)				
Joint Fundraising 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 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			
	4. FEC ID number			

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W	rite or Type Committee Name					
	Pollak For Congress					
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Represe	entative, or Leade	ership PAC Spons	or
Ш	NONE					
					<u> </u>	
	Mailing Address	<u> </u>				
		<u> </u>				
		<u> </u>		LL L		
		CITY		STATE A	ZIP CODE	A
	Relationship:					
	Connected Organization	Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC	Sponsor
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 Neil Jo	hnson				
	Mailing Address	500 Davis Stre	et			
		Suite 812				
		Evanston		<u>IL</u>	60201	4655
	Title or Position ▼	CITY A		STATE	ZIP CODE	4
	Custodian	of Records	Telephone nu	mber 773	- 612	0082
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 Neil Johnson					
	Mailing Address	500 Davis Stre	et			
	-	Suite 812				
		Evanston		<u>_IL</u>	60201	4655
	Title or Position ♥	CITY A	1	STATE	ZIP CODE	Ξ Δ
	Treasurer		_ Telephone nu	773	_ 612 _	0082

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	Full Name of Designated Agent	Alexander Jakubowski		
	Mailing Address	1806 Colfax Street		
		Evanston	<u>IL</u> _	60201 – 2528
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Assistar	nt Treasurer	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. JP Morgan Chase Bank N.A.				
	Mailing Address	4200 Dempster Street		
		Skokie	!L	60076 _ 2008
		CITY 🗻	STATE △	ZIP CODE 🛕
	Name of Bank, Depository	, etc.		
	Mailing Address			
		CITY 🙇	STATE▲	ZIP CODE 🛕