FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction		•								
		(See Instruction	115)					С	ffice use o	nly		
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)		ole: If typyin ne lines	g, type	12	FE4N	15				
JILL MORGE	NTHALER FOR CO	ONGRESS			ш			ш			ட	
							ш	ш			ட	
ADDRESS (number and	d street)	Box 5330		111			Ш	Ш			щ	
(Check if add				111			Щ	Ш			щ	
is changed)	Gler	idale Heights	ш		Ш	Ľ	Ы		601	<b>39</b>	Щ	
COMMITTEE'S E-MA	AU ADDRESS		CITY▲			STA	TE▲		Z	IP COD	E 📥	
	orgenthaler.com											
			ш				Щ	ш			Щ	
						ш	Щ	ш		1	டட	ш
COMMITTEE'S WEE	B PAGE ADDRESS (U	JRL)										
www.JillMor	genthaler.com						ш	ш			ட	
							Ш	ш			ш	11
COMMITTEE'S FAX 6309801105	NUMBER											
2. DATE <b>1</b>	0 20 / Y	2008										
3. FEC IDENTIFIC	ATION NUMBER		C C004	40537								
4. IS THIS STATE	MENT X NEV	V (N) OR		AMEN	DED (A)							
I certify that I have exar	nined this Statement and	to the best of my kno	wledge and	belief it is tru	ie, correct a	and com	plete					
Type or Print Name o	f Treasurer	Susan Krauser										
Signature of Treasure	er Electronically File	ed by <b>Susan Kra</b>	auser			Date	M	<b>1 0</b> <sup>M</sup>	<sup>/</sup> 2	0 /	, , , 2	0 <sup>°</sup> 0 8 <sup>°</sup>
NOTE: Submission of t	alse, erroneous, or incor	nplete information may	•		Ü				of 2 U.S	S.C. S43	7g.	
Office Use Only			F	or further in ederal Elect oll Free 800 ocal 202-69	ion Commi: -424-9530	ssion	et:		_	FOF		

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5.	TYPE OF CO	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. (Complet information below.)	e the candidate
	Name of Candidate	JILL MORGENTHALER	
	Candidate Party Affiliati	on DEM Office X House Senate President	State IL District 06
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm	nittee:  (National, State	
	(d)	This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted 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 segregar committee. (i.e., nonconnected committee)	ited fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising 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. FEC ID number C	
		4. FEC ID number	
		-   FEC ID number C	

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Write or Type Committee I	Name						
JILL MORGENTH	ALER FOR CONGRESS						
6. Name of Any Connec	ted Organization, Affiliated Committee, Leadersh	ip PAC Sponsor or Joint Fundrais	ing Representative				
NONE							
Mailing Address							
Mailing Address	1						
	CITY▲	STATE <b>≜</b>	ZIP CODE				
Relationship:							
Connected Organ	ization Affiliated Committee Lea	adership PAC Sponsor Joint	t Fundraising Representative				
7. Custodian of Record	s: Identify by name, address, (phone numbe	er optional), and position of th	ie person in				
	mittee books and records.						
Full Name	Susan Krauser						
Mailing Address	5256 N. Nashville						
Mailing Address							
	Chicago		60656				
Title or Position ▼	CITY A	STATE	ZIP CODE A				
Trea	surer	Telephone number					
8. Treasurer: List the	name and address (phone number optional	) of the treasurer of the commi	ttee; and the				
name and address	of any designated agent (e.g., assistant treas	urer).					
Full Name							
of Treasurer	Susan Krauser						
Mailing Address	5256 N. Nashville						
	Chicago	IL	60656 –				
	Cilicago						
Title or Position ♥	CITY A	STATE.▲	ZIP CODE A				
Tra	asurer						
	13U1 G1						

Full Name of Designated Agent	
Mailing Address	
Title or Position ▼ CITY A STATE A ZIP C	CODE &
Telephone number —	
9. <b>Banks or Other Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.	s, rents
TCF Bank    567 North Avenue   1   1   1   1   1   1   1   1   1	
Glendale Heights IL 6013	9
CITY A STATE ZIP	CODE 🛕
Name of Bank, Depository, etc.	
Parkway Bank & Trust Company	
Mailing Address 2250 Bloomingdale Road	
Glendale Heights IL 6013	<b>39</b>
CITY A STATE ZIP	CODE 🔺