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STATEMENT OF

FEC FORM 1		ORGANIZATION				Office Use Only				
NAME OF COMMITTEE (in	n full)	×	(Check if name is changed)		ample:If typing, type r the lines.	12FE4				
Friends for	Atkin	son								
ADDRESS (number a	nd street)	8417	Arrowhead Farm Driv	e 						
(Check if address is changed)		Burr F	Ridge			IL .	60527			
				CITY		STATE		ZIP COI	DE	
COMMITTEE'S E-MA (Check if is change	address		se provide only one enatkinson@comcast.r		ldress)					Ш Ш
COMMITTEE'S WEB	PAGE ADD	RESS (URL)							
(Check if is change										
2. DATE 0	1 31	/ 7	2012							
3. FEC IDENTIFIC	CATION NU	MBER	C	004932	47					
4. IS THIS STATE	MENT X	NE	W (N) OR		AMENDED (A)					
I certify that I have a Type or Print Name			ment and to the bes	t of my	knowledge and belief it	is true, cor	rect and co	omplete.		
Signature of Treasure	Ronnie A	Atkinson			[Electronically Filed]	Date	01 /	31	2012	Y
NOTE: Submission of					bject the person signing t			nalties of 2	U.S.C. §43	7g.
Office Use Only					For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100			EC FOR		

FE	:C Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
		e Committee:					
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate				
Name o		John M Atkinson					
Candida	ate	Office	State				
Party A	Affiliatio	on DEM Sought: X House Senate President	District 03				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name o							
Party	Con	nmittee:					
(d)			emocratic, epublican, etc.) Party.				
Politic	cal A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 segregated fund or party committee. (i.e., nonconnected committee)						
		In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint F	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.	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.	or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.						
	4.						

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Write or Type Committee Name	·	<u> </u>
Friends for Atkir	nson	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	<u> </u>	
Mailing Address		
•		
		I-I , , ,
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponso
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the person in posses:	sion of committee
Bonnie Atki	inson	
Mailing Address	8417 Arrowhead Farm Drive	
	Burr Ridge IL 60527	
Title or Position	CITY STATE ZIP	CODE
Treasurer	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Bonnie Atki	nson	
Mailing Address	8417 Arrowhead Farm Drive	
	Burr Ridge IL 60527	
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 r	umber	
Name of Bank, I	xes or maintains funds. Depository, etc. Signature Bank and Trust 191 N Wacker Drive		
Mailing Address	191 N Wacker Drive		
	Chicago	L L	60606
	CITY	STATE	ZIP CODE
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY		