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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

				2013 JUHnal 5so AM 11: 43
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MEC MAIL CENTER
Robbins Fo	r America	a	<u> </u>	
	<u> </u>			
ADDRESS (number a		W 75th St		
(Check if a	1001633	137-240		
is changed		perville CITY		IL 60565 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	AL ADDRESS			
X ◀ (Check if a is changed	address _I sm	artin314@sbcglobal	.net	
	Opti	ional Second E-Mail Add	dress	
	D. 0.5 1.D.D.50	- 44T-1		
COMMITTEE'S WEB (Check if a	address _I	S (URL)		1
is changed	i)			
	لــا	.1		
2. DATE 07	м / р р / 7 06	y y y y 2013		
3. FEC IDENTIFIC	CATION NUMBE	R ▶ C c	00545632	
4. IS THIS STATEM	MENT []	NEW (N) OR	AMENDED (A)	
certify that I have e	examined this Sta	tement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name	of Treasurer Sh	ari Martin		
Signature of Treasure	Shari Martin	Shoring	North	Date 07'06' 2013
NOTE: Submission of		•	may subject the person signing to ON SHOULD BE REPORTED W	nis Statement to the penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530	TEL ELIBINI

FEC FOI	III I (Neviseu 02/2009)						rage 2
TYPE OF Co	OMMITTEE Committee:						
(a) X	This committee is a prin	cipal campaigr	committ	ee. (Compl	ete the candidate in	nformation below	<i>i.</i>)
(b) Name of Candidate	This committee is an au information below.)				principal campaign	committee. (Co	mplete the candidate
Candidate Party Affiliation	on REP	Office Sought:		ouse	Senate	President	State IL District 11
(c)	This committee supports	opposes only	one can	didate, and	is NOT an authoriz	ed committee.	
Name of Candidate			<u> </u>		41111	1111	
Party Com	mittee:						
(d)	This committee is a			al, State ordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PA	C):					
(e)	This committee is a sep	arate segregat	ed fund. ((Identify cor	nnected organization	on line 6.) Its co	onnected organization is a:
	Corporation			Corpora	tion w/o Capital Sto	ock _	Labor Organization
	Membership Org	ganization		Trade A	ssociation	•	Cooperative
	in additio	η, this committe	ee is a Lo	bbyist/Regi	strant PAC.		
(1)	This committee supports committee. (i.e., nonconn			e Federal (candidate, and is N	QT a separate s	segregated fund or party
	In addition, this co	ommittee is a L	obbyist/R	egistrant P	AC.		
	In addition, this co	ommittae is e L	eadership	PAC. (Ide	ntify spansor on line	6.)	
Joint Fund	raising Representati	ve:					· · · · · · · · · · · · · · · · · · ·
(g)	This committee collects c committees/organizations						
(h)	This committee collects committees/organizations						wo or more political
Comi	mittees Participating in	Joint Fundra	isor				
1.					FEC ID nu	mper C	
2.				111	FEC ID nu	mber C	
3.			<u> </u>		FEC ID nu	mber C	
4.					FEC ID nu	mber C	

		. (_	- 3		
W	/rite or Type Com	mittee Name											. 	
F	Robbins F	For An	nerica].										
6.	Name of Any C	onnected O	rganizatio	h, Affiliate	d Commit	tee, Joint	Fundra	ising Re	presenta	itive, c	r Leade	rship PAC :	Sponsor	
N	ONE						11			11				
L								<u> </u>						
	Mailing Address		Ш								111			
											111			
	•								ــــا		لبنا			
	,				CITY		٠		STAT	re ·		ZIP CODE		
	Relationship:	Connected	l Organizati	ion Affil	liated Com	mittee	Joint F	undraisir	ig Repre	sentati	ve l	eadership F.	PAC Sponsor	
7.	Custodian of Rebooks and record		tify by nan	ne, address	(phone n	umber	optional)	and pos	ition of t	the per	son in p	ossession o	of committee	
		Sharl Marti	n											
	Full Name		044.4-5-								1 1 1	111		
	Mailing Address		211 Ashc	ioπ Ln				<u> </u>	111	1_L	1.1.1			
			لـــــا		لاللا	لسلسا					1 1 1		لسب	
			Oswego						L	_L	60543			
	Title or Position				CITY				STATE	Ξ		ZIP COD	E	
	TREASU	RER		111	1 1 1	J	Tele _l	phone nu	ımber	63	ا-ك	221-1	0 3,23].	
8.	Treasurer: List the any designated a	ne name and igent (e.g., a	d address (ssistant tre	(phone num easurer).	nber opti	ional) of t	he treas	urer of th	ne comm	ittee; a	and the r	name and a	ddress of	
	Full Name	Shari Martin	n										1	
	of Treasurer		.044 6-5					<u> </u>	ــاـــــــــــــــــــــــــــــــــــ	4-				
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							11			1.1			لببب	
			Oswego		1 1 1 1			لب			60543			
	Title or Position	REC			CITY	ı			STATE		اللان	ZIP COD - ا <u>- 3 5 5</u>		
	7777		111	<u> </u>		J	Telep	ohone nu	ımber	ر ق	ו-נו	111-	<u> </u>	

CITY

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60540

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS** First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 7/15/13 Im &

(7/2013)