FEC FORM 1
STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)
   (Check if name is changed) Example: If typing, type over the lines.
   12FE4M5

Angelo Pesce Defends Pedophiles #M51256

ADDRESS (number and street)
   P.O. Box 1000
   1144 Illinois Route 29
   Taylorville
   IL 62568
   CITY STATE ZIP CODE

COMMITTEE’S E-MAIL ADDRESS
   angelopesce@mailinator.com
   (Check if address is changed)

Optional Second E-Mail Address

COMMITTEE’S WEB PAGE ADDRESS (URL)
   (Check if address is changed)

2. DATE
   03/25/2017

3. FEC IDENTIFICATION NUMBER
   C00635763

4. 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.

Type or Print Name of Treasurer
   Pesce, Angelo, Dr., M51256

Signature of Treasurer
   Pesce, Angelo, Dr., M51256

[Electronically Filed]

Date
   03/25/2017

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.
5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

<table>
<thead>
<tr>
<th>Name of Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Candidate Party Affiliation</th>
<th>Office Sought:</th>
<th>House</th>
<th>Senate</th>
<th>President</th>
<th>State</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

<table>
<thead>
<tr>
<th>Name of Candidate</th>
</tr>
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<tbody>
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</tbody>
</table>

**Party Committee:**

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

<table>
<thead>
<tr>
<th>Party Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Political Action Committee (PAC):**

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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 Fundraising Representative:**

(g) This committee collects contributions, pays fundraising expenses and disburse net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburse net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

<table>
<thead>
<tr>
<th>Committees Participating in Joint Fundraiser</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Committee</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>
Write or Type Committee Name

Angelo Pesce Defends Pedophiles #M51256

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Pesce, Angelo, Dr., M51256

P.O. Box 1000

1144 Illinois Route 29

Taylorville

IL 62568

Title or Position

Telephone number

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).

Pesce, Angelo, Dr., M51256

P.O. Box 1000

1144 Illinois Route 29

Taylorville

IL 62568

Title or Position

Telephone number
Full Name of Designated Agent

Pesce, Angelo, M51256, Dr.,

Mailing Address

PO Box 1000

1144 Illinois Route 29

Taylorville

CITY

IL

62568

Title or Position


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.

Metabank

Mailing Address

1900 N Manheim Rd

Melrose Park

CITY

IL

60622

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE