FORM **D-1**

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

RECEIVED

AUG 10 2010

State Board of Elections

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POLITICAL COMMITTEE IDENTIFICATION No.

14481-04

2 Full name and complete mailing address of Political Committee:

Melrose Victory Party
2405 Division St
Melrose Park, IL 60160-1827

Jason State Bd of Elections helped me

E-MAIL ADDRESS:

☐ **CHECK HERE IF ADDRESS CHANGE**

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1. **DATE COMMITTEE CREATED:**

2. **AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :$**_____

3.
☐ **NEW COMMITTEE** (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS **BEFORE** AN ELECTION.)
☒ **AMENDMENT** (MUST BE FILED WITHIN 10 DAYS OF **ANY** CHANGES.)
☐ **REACTIVATING**

4. **POLITICAL COMMITTEE'S DESIGNATION:**

ALL COMMITTEES CHOOSE ONE:

☐ CANDIDATE POLITICAL COMMITTEE*
☐ POLITICAL ACTION COMMITTEE
☒ POLITICAL PARTY COMMITTEE
☐ BALLOT INITIATIVE COMMITTEE

ALL NEW COMMITTEES MUST ALSO CHOOSE ONE:

☐ STATE POLITICAL COMMITTEE
☐ STATE & LOCAL POLITICAL COMMITTEE
☐ LOCAL POLITICAL COMMITTEE

*For purposes of contribution limits and reporting requirements a single **Candidate Political Committee** supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is:

_____.

5. **POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION.**

A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTY(IES) OR DISTRICT(S):
(not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives)

_____

B. POLITICAL PARTY AFFILIATION:_____

C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:

6. **PURPOSE OF THE POLITICAL COMMITTEE.**

7. **CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING**. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY AFFILIATION

IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

COMMITTEE NAME:	POLITICAL COMMITTEE IDENTIFICATION No.:

8. REQUIRED COMMITTEE OFFICERS.

POSITION	NAME	MAILING ADDRESS, **DAYTIME PHONE NUMBER**, AND E-MAIL ADDRESS
CHAIRMAN		
TREASURER		

9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.

POSITION	NAME	MAILING ADDRESS, **DAYTIME PHONE NUMBER**, AND E-MAIL ADDRESS

10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.

(IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

NAME	MAILING ADDRESS AND PHONE NUMBER

11. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:

☐ RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.

☐ TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____

☐ TRANSFER TO A CHARITIBLE ORGANIZATION: _____

IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

VERIFICATION- BALLOT INITIATIVE COMMITTEES ONLY

I DECLARE THAT THIS **BALLOT INITIATIVE COMMITTEE** IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON **DATE**

VERIFICATION: ALL POLITICALCOMMITTEES INCLUDING BALLOT INITIATIVE COMMITTEES

I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST $1001 AND UP TO $5000.

Anne M Wagner 8/9/10

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE **DATE**

THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO $5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS	STATE BOARD OF ELECTIONS	LOCAL POLITICAL COMMITTEES AND STATE & LOCAL POLITICAL COMMITTEES RETURN ORIGINAL TO: STATE BOARD OF ELECTIONS **AND A COPY TO EACH APPROPRIATE COUNTY CLERK.**
PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 fax: 217-557-5630 e-mail: D1@ELECTIONS.IL.GOV **(D-1s ONLY)**	JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: D1@ELECTIONS.IL.GOV **(D-1s ONLY)**	