

**FORM** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

## RECEIVED

AUG 1 0 2010

Full name and complete mailing address of Political Committee:

Melrose Vision Party 2405 Division St Melrose Park, IL 60160-1827 the Pine

**State Board of Elections** 

L 8762

POLITICAL COMMITTEE

E-MAI	L ADDRESS:		·		IDENTIFICATION No.				
CHECK HERE IF ADDRESS CHANGE  SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED:	TO CAMI	2	AMOUNT OF FUNDS A					
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 DESIGNATIO  ALL COMMITTEES CHOOSE ONE:  CANDIDATE POLITICAL COMMITTEE*  POLITICAL ACTION COMMITTEE  POLITICAL PARTY COMMITTEE  BALLOT INITIATIVE COMMITTEE  *For purposes of contribution limits and reporting multiple offices elected at different elections multiple offices.	ing requiremer	ats a single	STATE POLITICAL COMI STATE & LOCAL POLITIC LOCAL POLITICAL COMI	CAL COMMITTEE  MITTEE  mmittee supporting a candidate for				
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 COMMIT	TEE.							
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME AND ADDRESS	SUPPORT	OPPOSI	OFFICE	PARTY AFFILIATION				

COMMITTEE NAME:					POLITICAL COMMITTEE IDENTIFICATION No.:			
8.	REQUIRE	ED COMMITTEE OFFICERS.						
POSITION		NAME		MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS				
CHAIRMAN								
TREASURER								
9.	POSITIO	N, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.						
POSITION		NAME		MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDR				
10.		F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA		OTHER REPOSITO	ORIES OF THE COMMITTEE FUNDS.			
		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 <u>BALLOT INITIATIVE COMMITTEE</u> 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								
- KIIV	HED MIND		• • • • • • • • • • • • • • • • • • • •					
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.								
Thurs of lupes 89/0								
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE  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 SHAL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.								
		ARD OF ELECTIONS	STATE	AL COMMITTEES RETU E BOARD OF ELECT S R. THOMPSON CE	IONS LOCAL POLITICAL COMMITTEES AND			

1020 S SPRING ST SPRINGFIELD, IL 62708-4187

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COMMITTEES RETURN ORIGINAL TO: STATE BOARD OF ELECTIONS AND A COPY TO EACH APPROPRIATE COUNTY CLERK.