FOR OFFICE USE ONLY

**FORM** 

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK STATE BOARD OF ELECTIONS 11 NOV 29 PM 1:01 Full name and complete mailing address of Political Committee: Diana O'Kelly for County Board 26313 Countryside Lake Drive Mundelein, IL 60060 POLITICAL COMMITTEE E-MAIL ADDRESS: OKELLY 10 @ adl. com **IDENTIFICATION No.** CHECK HERE IF ADDRESS CHANGE SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. AMOUNT OF FUNDS AVAILABLE AS OF 1. DATE COMMITTEE CREATED: **CREATION DATE:**\$ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS **BEFORE** AN ELECTION.) 3. X AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1. REACTIVATING

4.	POLITICAL COMMITTEE'S DESIGNATION:							
	ALL COMMITTEES CHOOSE ONE:							
	CANDIDATE POLITICA	AL COMMITTI	EE*		POLITICAL ACTION C	COMMITTEE		
	POLITICAL PARTY CO	OMMITTEE			BALLOT INITIATIVE C	OMMITTEE		
!	*For purposes of contribution limits and reporting requirements a single Candidate Political Committee supporting a candidate							
	multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is:							
5.	<ul> <li>POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION.</li> <li>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)</li> <li>B. POLITICAL PARTY AFFILIATION:         C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:</li> </ul>							
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		
		1		l		1		

<b>COM</b>	MITTEE N	AME: Helly for County I	Board	POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	1							
POSITION		NAME	MAILING ADDRE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN		Diana O'Kelly	Mundelei	Myndelein JIL 60060				
TREASURER		Diana O'Kelly	26313 Co Mundelei 847 94	Mundelein JIL 60060				
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.								
PÓ	SITION	NAME	MAILING ADDRE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
10.		F ALL FINANCIAL INSTITUTIONS A NDING, LIST ALL AS OF TODAY'S DAT		ORIES OF THE COMMITTEE FUNDS.				
<b></b>		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 POLITICAL COMMITTEES 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.								
Diana Okelly Oran Okelly 1/29/11								
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
PO BOX 4187
1020 S SPRING ST
SPRINGFIELD, IL 62708-4187
fax: 217-557-5630
e-mail: D1@ELECTIONS.IL.GOV(D-1s ONLY)

STATE BOARD OF ELECTIONS
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)