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FORM
D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS

12 AUG 27 AM 11:52

Full name and complete mailing address of Political Committee:

Jakobsson for State Representative
PO Box 273
Champaign, IL 61824

11623-13
POLITICAL COMMITTEE
IDENTIFICATION No.

E-MAIL ADDRESS: maryhben@gmail.com

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.	<input type="checkbox"/> NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.) <input checked="" type="checkbox"/> AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.) <input type="checkbox"/> REACTIVATING		
4.	POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE: <input type="checkbox"/> CANDIDATE POLITICAL COMMITTEE* <small>*For purposes of contribution limits and reporting requirements a 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:</small> <input type="checkbox"/> POLITICAL ACTION COMMITTEE <input type="checkbox"/> POLITICAL PARTY COMMITTEE <input type="checkbox"/> BALLOT INITIATIVE COMMITTEE <input type="checkbox"/> INDEPENDENT-EXPENDITURE-ONLY PAC** <small>** May not make direct contributions or coordinated expenditures.</small>		
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): <small>(not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives)</small> B. POLITICAL PARTY AFFILIATION: C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:		
6.	PURPOSE OF THE POLITICAL COMMITTEE.		
7.	CANOIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)		

NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY AFFILIATION
	<input type="checkbox"/>	<input type="checkbox"/>		

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

COMMITTEE NAME: Jakobsson for State Representative

POLITICAL COMMITTEE IDENTIFICATION No.: 11623

8. REQUIRED COMMITTEE OFFICERS.

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN		
TREASURER	Mary Haywood-Benson <i>Mary Haywood Benson</i>	602 Goldenview Drive, Champaign, IL 61822 217/359-6402

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
Treasurer	Mary Haywood-Benson	602 Goldenview Drive, Champaign, IL 61822 217/359-6402

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.