



NON-PROFIT ORGANIZATION STATEMENT OF REGISTRATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Non-Profit Organization:

Two Party System Inc.
P.O. Box 81737
Chicago, IL 60681-0737

THIS FORM MAY BE TRANSMITTED BY FAX: **217-782-5959**
THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

E-MAIL ADDRESS: tiny.mclaughlin@gmail.com

ORGANIZATION IDENTIFICATION NO.

CHECK HERE IF ADDRESS CHANGE

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

1. DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD: 4/12/2010

2. NEW ORGANIZATION AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)

3. PURPOSE(S) OF THE ORGANIZATION:
To support candidates who share the ideology of our organization.

4. REQUIRED ORGANIZATION OFFICERS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	John McLaughlin	2122 West Belle Plaine Avenue, Chicago, IL 60618 (773) 206-0385 tiny.mclaughlin@gmail.com
TREASURER	Judy McGarvey	16521 Lockridge Avenue, Oak Forest, IL 60452 (708) 560-0725 judy_mcgarvey@hotmail.com

5. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE ORGANIZATION'S BOOKS AND ACCOUNTS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
Treasurer	Judy McGarvey	16521 Lockridge Avenue, Oak Forest, IL 60452 (708) 560-0725 judy_mcgarvey@hotmail.com

VERIFICATION

I DECLARE THAT THIS STATEMENT OF REGISTRATION (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 REGISTRATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1004 AND UP TO \$5000.

John McLaughlin *Judy McGarvey*

April 20, 2010

PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

DATE

THE STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A NON-PROFIT ORGANIZATION AS OUTLINED UNDER PUBLIC ACT 90-737 AS AMENDED BY PUBLIC ACT 94-645. 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.

NON-PROFIT ORGANIZATIONS SHALL RETURN THIS FORM TO:
STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, IL 62704-2924