

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

TAKE BOARD OF ELECTIONS

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

T3 JAN 28 PM 2: 03

What Would IT Take?
PO Box 277
Berwyn, IL 60402-0277

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS:

2110-10

CHECK HERE IF ADDRESS CHANGE 34954-2							
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED: 1/14	113		MOUNT OF FUNDS AVAILA REATION DATE :\$ <u>/ら</u> の			
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. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.) REACTIVATING						
4.	POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE: CANDIDATE POLITICAL COMMITTEE* *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: POLITICAL ACTION COMMITTEE POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE INDEPENDENT-EXPENDITURE-ONLY PAC** ** May not make direct contributions or coordinated expenditures.						
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: NONE C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:						
6.	FURPOSE OF THE POLITICAL COMMITTEE. FOURTAGE VOTERS and Support candidates who share the ideology of 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		
political committee							

committee name: Political committee identification No.: What would it take? 24954						
8. F	REQUIRE	D COMMITTEE OFFICERS.				
POSITION NAME		NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS			
CHAIRMAN		Deanna Durica	PO 130X 277 BERWYN, IL 60402-0277 708-822-6653 deanna. durica@gmail.com			
TREA	SURER	Gloria Mitchell	708-484-2625, gloria a waldsoft. com			
9. P	POSITIO	N, NAME & MAILING ADDRESS (OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSI	TION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS			
		NA				
10.	LIST OF (IF AMEN	ALL FINANCIAL INSTITUTIONS DING, LIST ALL AS OF TODAY'S DA	AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. ATE.)			
NAME			MAILING ADDRESS AND PHONE NUMBER			
CHASE BANK bang Ogden he			Berwyn, Fr 60407 708-484-4318			
ANY SOURCE	IRES OF THE (CE, PRDVIDED	VERIFICATION LLOT INITIATIVE COMMITTEE IS FORMED FOR THE COMMITTEE WILL BE USED FOR THE PURPOSE DESIGNATION OF THE PURPOSE DESIGNATION OF THE PURPOSE DOES IN THAT THIS BALLOT INITIATIVE COMMITTEE DOES IN THE PURPOSE DOES IN THE PUR	TION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS. ON- BALLOT INITIATIVE COMMITTEES ONLY PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND CRIBED IN THIS STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES 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						
FROM ANY	IRES OF THE (SOURCE, PRO		IDEPENDENT EXPENDITURE COMMITTEES ONLY ED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES. (ii) ALL CONTRIBUTIONS AND SCRIBED IN THE STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS MMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE OF VIOLATION OF THIS ARTICLE.			
Deau		Durica Yanna				
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE						
AND BELIEF	, IS A TRUE. C	ATEMENT OF ORGANIZATION (INCLUDING ANY ACC	CATION: ALL POLITICAL COMMITTEES OMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE ZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR 1001 AND UP TO \$5000.			
	a Mi	00000				
THE ILLING	OIS STATE I	BLIC ACT 78-1183. WILLFUL FAILURE TO FILE	SURER OR CANDIDATE CLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS E OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL O \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.			
			DLÍTICAL COMMITTEES RETURN TO: 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)			

www.elections.il.gov