

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

10 AUG -9 AM !!: 29

	Evergreen Park Regular Republican Org c/o Jolene Churak 10135 S Homan Ave Evergreen Park, IL 60805-3722				L 733 POLITICAL COMMITTEE	
4	IL ADDRESS: e <i>Churai249@MSN. com</i> Co	HECK HEI	RE IF	ADDRESS CHANGE	HANTIFICATION NO HANTS	
	SEE PAMPHLET "A GUIDE TO	CAMPAI	GN C	ISCLOSURE" FOR	GUIDANCE.	
1.	DATE COMMITTEE CREATED: AN. 18,	1954		AMOUNT OF FUNDS A CREATION DATE :\$	AVAILABLE AS OF	
3.	☐ NEW COMMITTEE (MUST BE FILED WITHIN 1 BEFORE AN ELECTION ☐ AMENDMENT (MUST BE FILED WITHIN 10 DA ☐ REACTIVATING)			S IF CREATED WITHIN 30 DAYS	
4.	POLITICAL COMMITTEE'S DESIGNATION:					
ALL COMMITTEES CHOOSE ONE:			ALL NEW COMMITTEES MUST ALSO CHOOSE ONE:			
	☐ CANDIDATE POLITICAL COMMITTEE*			STATE POLITICAL COMM	NITTEE	
	POLITICAL ACTION COMMITTEE			STATE & LOCAL POLITIC	AL COMMITTEE	
	POLITICAL PARTY COMMITTEE			LOCAL POLITICAL COMM	NITTEE	
	*For purposes of contribution limits and reporting recomultiple offices elected at different elections must de					
5.	POLITICAL COMMITTEE'S AREA OF ACTIVITY A. THIS COMMITTEE WILL PRIMARILY OPERATE IN (not applicable if operating statewide or supporting/oppose LOOK COUNTY - W B. POLITICAL PARTY AFFILIATION: REPUBLICATION COUNTY - W C. NAME AND ADDRESS OF EACH SPONSORING BY	THE FOLI ing statewide ORTH	LOWIN candid	IG COUNTY(IES) OR DIST		
	:			**		
	PURPOSE OF THE POLITICAL COMMITTEE.	ļ				
6.	ELECT REPUBLICAN	5				
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORT	ING OR	OPPO	SING . (IF AMENDING, LI	ST ALL AS OF TODAY'S DATE.)	
	NAME AND ADDRESS SUP	PORT O	PPOSE	OFFICE	PARTY AFFILIATION	

	FRGREG	EN PARKREGULAR A	REPU	BCICAN ORG. 4275
8.	Į.	ED COMMITTEE OFFICERS.		
P	OSITION	NAME	P	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN		Jolene Churaic	_ 1	VERGREEN PARK IL 60805
TF	REASURER	VINCENT Churr	3 K	SAME AS ABOVE.
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EACH	CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.
PC	OSITION	NAME	P	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
	SIDENT	Jolene Churaic VINCENT CHURA		108.422.4296 10135 S. HOMAN AUF, EVERGREEN PAR 101ene Chypax 249 @MSN. COM
10.	LIST OF	F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA	S AND OT	THER REPOSITORIES OF THE COMMITTEE FUNDS.
**************************************	·····	NAME		MAILING ADDRESS AND PHONE NUMBER
MARQUETTE BANK E				9400 S. KEDZIE AVE EVERGREEN PARK, IL 60805 1-888-254-9500
11.	DISPOS	ITION OF RESIDUAL FUNDS IN	THE EVE	ENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:
	☐ RET	URN TO CONTRIBUTORS IN AMOUN	NTS NOT	TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.
	TRAI	NSFER TO ANOTHER POLITICAL CO	OMMITTEE	E. WORTH TOWNSHIP REPUBLICAN ORG.
	☐ TRAI	NSFER TO A CHARITIBLE ORGANIZ	ATION:	
		IF MORE SPACE FOR INFORMA	TION IS R	REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.
POLIC ORGA COMM NOMII	CY, ALL CONT NIZATION, TH MITTEE DOES NATION FOR	HIS BALLOT INITIATIVE COMMITTEE IS RIBUTIONS AND EXPENDITURES OF TH HE COMMITTEE MAY ACCEPT UNLIMITE NOT MAKE CONTRIBUTIONS OR EXPEI	FORMED F IE COMMIT ID CONTRII NDITURES	OT INITIATIVE COMMITTEES ONLY FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC ITEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF BUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR URE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN
PRIN	ITED AND	WRITTEN SIGNATURE OF COM	VITTEE C	CHAIRPERSON DATE
		VERIFICATION: ALL POLITICA	LCOMMITT	TEES INCLUDING BALLOT INITIATIVE COMMITTEES
BY ME REQU	AND, TO TH	E BEST OF MY KNOWLEDGE AND BELIE	EF, IS A TRU ERSTAND T	ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED UE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT
		- P. CHURAK		Vimes Chile 7/28/10
		WRITTEN SIGNATURE OF TREA		OR CANDIDATE F INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS
OUTLIN	NED UNDER PU	BLIC ACT 78-1183. WILLFUL FAILURE TO FILE IESS OFFENSE SUBJECT TO A FINE OF UP TO	E OR WILLFU D \$5000. THIS	UL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL IS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.
e-mail	PC 1020 SPRINGFII fax: 2	RD OF ELECTIONS BOX 4187 S SPRING ST ELD, IL 62708-4187 217-557-5630	STATE BC JAMES R. DO W RAN CHICAC fax: D1@ELEC	COMMITTEES RETURN TO: DARD OF ELECTIONS THOMPSON CENTER DDDLPH ST, STE 14-100 GG, IL. 60601-3232 STATE BOARD OF ELECTIONS AND A COPY TO EACH APPROPRIATE CTONS.IL.GOV(D-1s ONLY) COUNTY CLERK.
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