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FOR OFFICE USE ONLY
STATE BOARD OF ELECTIONS

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FORM D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Political Committee:

2nd Ward Democratic Organization
721 S. Western Ave.
Chicago, IL 60612

E-MAIL ADDRESS:

☐ CHECK HERE IF ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION No. 23191-09

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

1. DATE COMMITTEE CREATED:

2. AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :$_____

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 ONE:

☐ CANDIDATE POLITICAL COMMITTEE* ☐ POLITICAL ACTION COMMITTEE
☐ POLITICAL PARTY COMMITTEE ☐ BALLOT INITIATIVE COMMITTEE

*For purposes of contribution limits and reporting requirements a single 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:

_____

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:_____

C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:

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
	☐	☐		

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

COMMITTEE NAME:	POLITICAL COMMITTEE IDENTIFICATION No 23191-09

8. REQUIRED COMMITTEE OFFICERS.

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN		
TREASURER	Armando Chacon	100 S. Sangamon #1S, Chicago, IL 60607 (312) 543-8219 armondo.chacon@century21.com

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

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
- [ ] 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.

Armando Chacon Armando Chacon 2-3-11

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)