

**FORM** 

**D-1** 

FOR OFFICE USE ONLY

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

RECEIVED

Full name and complete mailing address of Political Committee:

Democrats United Calumet City 2013 DBA Calumet City First 315 Mason Street Calumet City, IL 60409 SEP 2 4 2012

State Board of Elections

POLITICAL COMMITTEE
IDENTIFICATION No.

E-MAIL ADDRESS:  CHECK HERE IF ADDRESS CHANGE 245 60-4										
	SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED: 9/10/	′12	2.	AMOUNT OF FUNDS A CREATION DATE :\$ 0.0						
3.	<ul> <li>✓ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS         BEFORE AN ELECTION.)</li> <li>☐ AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1         ON FILE.)</li> <li>☐ REACTIVATING</li> </ul>									
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)  City of Calumet City  B. POLITICAL PARTY AFFILIATION: Democrat  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:									
6.	To elect Municipal Mayor, Clerk, Treasurer and Alderman									
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)									
	NAME AND ADDRESS	SUPPORT	OPPOS	E OFFICE	PARTY AFFILIATION					
SEE A	SEE ATACHED									

## CANDIDATES THE COMMITTEE IS SUPPORTING NAME AND ADDRESS Michelle Markiewicz Qualkinbush 422 154th Place, Calumet City, IL 60409

NAME AND ADDRESS	Support	Oppose	OFFICE	PARTY AFFILIATION
Michelle Markiewicz Qualkinbush 422 154th Place, Calumet City, IL 60409	×		Mayor, City of Calumet City	Democrat
Nyota T. Figgs 383 Stoney Island, Calumet City, IL 60409	×		Clerk, City of Calumet City	Democrat
Gerald A. "Gerry" Tarka 315 Mason Street, Calumet City, IL 60409	×		Treasurer, City of Calumet City	Democrat
Eric Schneider 655 Greenbay Ave, Calumet City, IL 60409	×		1st Ward Alderman City of Calumet City	Democrat
Magdalena "Leni" Wosczynski 621 Manistee Ave, Calumet City, IL 60409	×		2nd Ward Alderman City of Calumet City	Democrat
Thaddeus Jones 289 Paxton St, Calumet City, IL 60409	×		3rd Ward Alderman City of Calumet City	Democrat
Roger Munda 5 Forestdale Park, Calumet City, IL 60409	×		5th Ward Alderman City of Calumet City	Democrat
Nikolaos Manousopoulos 791 Superior Ave, Calumet City, IL 60409	×		6th Ward Alderman City of Calumet City	Democrat
Antoine Collins 771 Superior Ave, Calumet City, IL 60409	×		7th Ward Alderman City of Calumet City	Democrat

CO	MMITTEE N	IAME: Democrats United Calumet City	/ 2013	POLITICAL COMMITTEE IDENTIFICATION No.:					
8. REQUIRED COMMITTEE OFFICERS.									
POSITION NAME			MAILING A	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN Michelle Markiewicz Qualkinbush		Michelle Markiewicz Qualkinbush	422 154th Pia	422 154th Place, Calumet City, Illinois 60409					
TREASURER Gerald Tarka			315 Mason St	315 Mason Street, Calumet City, Illinois 60409					
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EACH CUSTO	DIAN OF THE	COMMITTEE'S BOOKS AND ACCOUNTS.				
P	OSITION	NAME	MAILING A	DDRESS, <b>DA</b> Y	YTIME PHONE NUMBER, AND E-MAIL ADDRESS				
Treasurer Gerald Tarka			315 Mason St	reet, Calumet Ci	ity, Illinois 60409 708-935-1222				
10	LIST OI (IF AME	FALL FINANCIAL INSTITUTION NDING, LIST ALL AS OF TODAY'S D	S AND OTHER REI	OSITORIES	OF THE COMMITTEE FUNDS.				
NAME				MAILING ADD	DRESS AND PHONE NUMBER				
BMO Harris Bank			530 Torrence Avenue, Calumet City, Illinois 60409 708-832-2960						
PRIN	ARE THAT THIS BUDITURES OF THE DURCE. PROVIDED DMINATION FOR E	ALLOT INITIATIVE COMMITTEE IS FORMED FOR THE COMMITTEE WILL BE USED FOR THE PURPOSE DE DITHAT THIS BALLOT INITIATIVE COMMITTEE DOES ELECTION ELECTION OR RETENTION, AND FAILURE WRITTEN SIGNATURE OF COMVERIFICATION: 1	ATION: Am. ATION IS REQUIRED, ON-BALLOT INITIATIVE PURPOSE OF SUPPORTING IN STATEMENT NOT MAKE CONTRIBUTIONS OF TO ABIDE BY THESE REQUIRED TO ABIDE BY THESE REQUIRED FOR THE EXCLUSIVE PLUS ABD FOR THE EXCLUSIVE PLUS AED FOR THE PLUS AED FOR THE EXCLUSIVE PLUS AED FOR THE P	E COMMITTEES DR OPPOSING A QU OF ORGANIZATION OF EXPENDITURES I REMENTS SHALL DEI  RSON DITURE COMMITTURE RPOSE OF MAKING I	ACH ADDITIONAL SHEETS.  5 ONLY  JESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES EM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)  DATE  TTEES ONLY  INDEPENDENT EXPENDITURES. (4) ALL CONTRIBUTIONS AND				
OR POL	ANY SOURCE, PRI	OVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE. AND (iv) FAILURE TO ABIDE BY THESE R	OMMITTEE DOES NOT MAKE ( EQUIREMENTS SHALL DEEM T	CONTRIBUTIONS TO HE COMMITTEE IN V					
PRIN	TED AND	WRITTEN SIGNATURE OF COM	<del></del>		DATE				
AND BE	LIEF. IS A TRUE. (	ATEMENT OF ORGANIZATION (INCLUDING ANY ACC	IZATION AS REQUIRED BY AR	D STATEMENTS) NA	S BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE CTION COOE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR				
	LALD	TARKA MG	la Qui	ele	9/17/2012				
		WRITTEN SIGNATURE OF TREA			DATE				
OUTLIN	VED UNOER PU	BLIC ACT 7B-11B3, WILLFUL FAILURE TO FIL ESS OFFENSE SUBJECT TO A FINE OF UP T	E OR WILLFUL FILING OF O \$5000. THIS FORM IS IN	FALSE OR INCOM COMPLIANCE WI	ESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS MPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL ITH THE FORMS MANAGEMENT PROGRAM ACT.				
	e-mai	ALL P. STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 I: D1@ELECTIONS.IL.GOV(D-1s ONLY)	<u>OLITICAL COMMITTEES</u>	1	STATE BOARD OF ELECTIONS  JAMES R. THOMPSON CENTER  00 W RANDOLPH ST. STE 14-100  CHICAGO, IL. 60601-3232  fax: 312-814-6485  D1@FLECTIONS IL. GOV(D-1s.ONLY)				

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