STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)
DEMOCRATIC PARTY OF ILLINOIS

(b) Number and Street Address (Check if address is changed)
489 Merchandise Mart

(c) City, State and ZIP Code
Chicago, IL 60654

2. DATE
12.03.96

3. FEC IDENTIFICATION NUMBER
C00167015

4. IS THIS STATEMENT AN AMENDMENT?
X YES ___ NO

RECEIVED FEDERAL ELECTION COMMISSION 1996 DEC 10 12 08 PM '96

5. TYPE OF COMMITTEE (Check one)

___ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

___ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate | Candidate Party Affiliation | Office Sought | State/District

___ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

___ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

___ (e) This committee is a separate segregated fund.

___ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
ILLINOIS VICTORY '96	489 MERCHANDISE MART CHICAGO IL 60654	JOINT FUNDRAISING REPRESENTATIVE
FRIENDS OF DICK DURBIN	54 W. ILLINOIS CHICAGO IL 60610	JOINT FUNDRAISING PARTICIPANT

Type of Connected Organization
___ Corporation ___ Corporation w/o Capital Stock ___ Labor Organization ___ Membership Organization ___ Trade Association ___ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

Full Name | Mailing Address | Title or Position

8. **Treasurer:** List the name and address (phone number — optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name | Mailing Address | Title or Position

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
AMALGAMATED BANK (ILLINOIS VICTORY '96)	ONE WEST MONROE CHICAGO IL 60603

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER: JOHN A. GIANULIS

SIGNATURE OF TREASURER: John A. Gianulis

DATE: 12.03.96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 12-5-96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER: [illegible]

DATE PREPARED: 12-10-96

FEC FORM 70-2 (12/92)