

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC 18 P 12:24

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: if typing, type
over the lines.

12FB4M5

NORTHSIDE DEMOCRATS UNITED

ADDRESS (number and street)

8540 N. SOUTHPORT AVE

(Check if address
is changed)

CHICAGO

IL

60657-1475

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

10/18/2001

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

DENISE FORLISTER

Signature of Treasurer

Denise Forlister

Date

12/17/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §457g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact
Federal Election Commission
Toll Free 800-424-9520
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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: _____
 House _____ Senate _____ President _____
 State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship NA _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

NORTHSIDE DEMOCRATS United

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: DENISE POELSTER

Mailing Address: 3540 N. SOUTHPORT AVE

CHICAGO IL 60657-1475

Title or Position: CITY: STATE: ZIP CODE:

Telephone number: 773-348-3937

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 of Treasurer: DENISE POELSTER

Mailing Address: 3540 N. SOUTHPORT AVE

CHICAGO IL 60657-1475

Title or Position: CITY: STATE: ZIP CODE:

Telephone number: 773-348-3937

Fid Name of Designated Agent:

Mailing Address:

Title or Position: CITY: STATE: ZIP CODE:

Telephone number:

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

Name of Bank, Depository, etc.

LA SALLE NATIONAL BANK

Mailing Address

135 S. LA SALLE ST.

CHICAGO

IL

60603

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>12-17-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sgt</i>	<i>12-18-02</i>
PREPARER	DATE PREPARED

2002-12-17 10:45:00 AM