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2009 SEP -3 AM 11:09

Rachel Ivy-Treasurer

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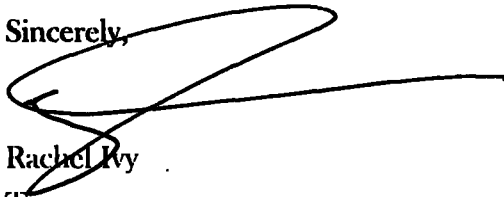
Date: August 27, 2009

Rebecca Hough
Senior Campaign Finance Analyst
Federal Election Commission
Washington, D.C. 20463

Dear Rebecca:

This letter is in response to the correspondence we received on August 15, 2009 stating that our Statement of Organization was incomplete. Enclosed you will find an Amended "Statement of Organization" for Friends of Darlena Williams Burnett. It has been updated to include the bank information for committee funds.

Sincerely,



Rachel Ivy
Treasurer



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2009 SEP -3 AM 11:09

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Friends of Darlena W. Burnett

ADDRESS (number and street)

910 W. Van Buren St #171

(Check if address
is changed)

Chicago

IL

60607

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

info@DarlenaBurnett.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

Burnett4Congress.org

2. DATE

07 08 2009

3. FEC IDENTIFICATION NUMBER

C60464511

4. IS THIS STATEMENT

NEW (N)

OR



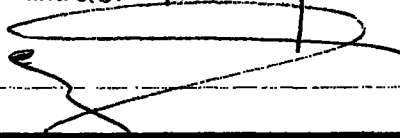
AMENDED (A)

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

Rachel Ivy

Signature of Treasurer



Date

08 28 2009

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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

Darlena Williams-Burnett

Candidate Party Affiliation

DEM

Office Sought:

☒

House

Senate

President

State

District

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

Name of Candidate

Darlena Williams-Burnett

Party Committee:

- (d) This committee is a NTI (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|--|---------------|---|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |

29030153524

Write or Type Committee Name

Friends of Darlena W Burnett

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Irma Anthony

Mailing Address

1526 N Harding

Chicago

IL

1601024

Title or Position

CITY

STATE

ZIP CODE

Correspondence Clerk

Telephone number

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

BACHEL Ivy

Mailing Address

910 W Van Buren St.

Chicago

IL

1606071

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

773-1454-16016

29030153525

Full Name of
Designated
Agent

Clennie Jones

Mailing Address

2247 W. Monroe

Chicago

CITY

IL

STATE

60612

ZIP CODE

Title or Position

Recording Secretary

Telephone number

312-226-1121

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.

JPMorgan Chase Bank

Mailing Address

1 Chase Tower

Chicago

Chicago

CITY

IL

STATE

60601

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030153526

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
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☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
	9/3/09
PREPARER	DATE PREPARED

(3/2005)

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