

# FEC FORM 2

## STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

09 JUL -6 PM 5: 36

1. (a) Name of Candidate (in full) <b>Cheryle Jackson</b>			2. Candidate's FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>6723 South Constance</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code <b>Chicago, IL 60649</b>			
4. Party Affiliation <b>Democrate</b>	5. Office Sought <b>U.S. Senate</b>	6. State & District of Candidate <b>Illinois</b>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Cheryle for Senate.com</b>
(b) Address (number and street) <b>6723 South Constance</b>
(c) City, State, and ZIP Code <b>Chicago, IL 60649</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

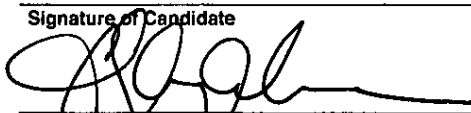
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

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

Signature of Candidate 	Date <b>6/29/09</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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29020213673

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NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
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PHONE: (202) 224-0322

# United States Senate

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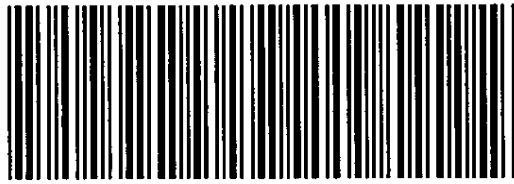
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