| · FEC FORM 1 | STATEMEN ORGANIZA (See instructions | TION | | THE SENATE AM 10: 28 |
|----------------------------------|---|--|--|-------------------------|
| 1. NAME OF COMMITTEE (in f | ull) (Check if name is changed) | Example: If typying, type over the lines | 12FĘ4M5 | |
| | Fund 2010 | <u></u> | <u></u> | |
| | PO Box 494 | | ┙╹╹╹╹╹╸┚╸┸╸┚ | |
| (Check if address is changed) | | | ······································ | 60690 - L |
| | c | | STATE | |
| COMMITTEE'S E-MAI | ADDRESS (Please provide only one e-m | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | | |
| (Check if address is changed) | | | <u> </u> | |
| 2. DATE M M 0.8 | | | | SU 90V 0 |
| 3. FEC IDENTIFICA | | C00486670 | | |
| 4. IS THIS STATEM | | | | non Urre It: 23 |
| I certify that I have exami | ned this Statement and to the best of my knowle | edge and belief it is true, correct | and complete | |
| Type or Print Name of | Treasurer Judith Zamore | | | |
| Signature of Treasurer | Electronically Filed by Judith Zam | bre | Date 0,8 | |

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

| Use Fed | urther information contact: ral Election Commission ree 800-424-9530 1202-894-1100 (Revised 02/2009) |
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| 5. | | | MMITTEE (Check One) |
|----|---------------------|-----------|--|
| | (a) | | ommittee: 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 o Candida | | |
| | Candida Party At | | on Office State State Sought: House Senate President District |
| | (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | Name o Candida | | |
| | Party C | omm | |
| | (d) | Ш. | (National, State (Democratic, This committee is a (or subordinate) committee of the Republican,etc.) Party. |
| | | al Acti | ion 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 |
| | | | Membership Organization Trade Association Cooperative |
| | (f) | — | In addition, this committee is a Lobbyist/Registrant PAC. |
| | | \square | 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 Fu | Indrai | ising Representative: |
| | (g) | X | 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. |
| | | Comr | |
| | | | ALEXI FOR ILLINOIS FEC ID number C C00459586 1. |
| | | | 2. DEMOCRATIC PARTY OF ILLINOIS 2. FEC ID number C C00167015 |
| | | | 3 FEC ID number |
| | | | 4. FEC ID number |

| FEC Form 1 (Revised 0 Write or Type Committee Name | 2/2009) | | Page 3 |
|--|---|--|--|
| Illinois Victory Fund 20 | 10 | | |
| Name of Any Connected Or | ganization, Affiliated Committee, Joint Fun | draising Representative, or Lead | lership PAC Sponsor |
| NONE | | | <u></u> |
| | | <u> </u> | |
| Mailing Address | | <u> ! : </u> | |
| | L <u> </u> | | <u></u> |
| | 1 | | <u>; ; ;]</u> - <u>; ; ; 1</u> |
| | CITYA | STATE 🛦 | ZIP CODE 🛦 |
| Relationship: | Affiliated Committee | t Fundraising Representative | Leadership PAC Sponso |
| possession of Committee | entify by name, address, (phone number books and records. Zamore | | e person in |
| possession of Committee | books and records. | | |
| possession of Committee | books and records. Zamore | | |
| possession of Committee | books and records. Zamore 426 C St NE | | |
| possession of Committee Full Name | books and records. Zamore 426 C St NE Washington CITY A | | 20003 |
| possession of Committee Full Name Mailing Address Title or Position ♥ Treasurer 8. Treasurer: List the name | books and records. Zamore 426 C St NE Washington CITY A | DC STATE ▲ Telephone number 202 of the treasurer of the commit | 20003 _ 20003 _ ZIP CODE ▲ - 489 _ 3024 |
| possession of Committee Full Name Mailing Address Title or Position ♥ Treasurer: List the name name and address of any Full Name | books and records. Zamore 426 C St NE Washington CITY A and address (phone number optional) | DC STATE ▲ Telephone number 202 of the treasurer of the commit | 20003 _ ZIP CODE & 489 3024 |
| possession of Committee Full Name Mailing Address Title or Position ♥ Treasurer B. Treasurer: List the name name and address of any Full Name | books and records. Zamore 426 C St NE Washington CITY and address (phone number optional) designated agent (e.g., assistant treasu | DC STATE ▲ Telephone number 202 of the treasurer of the commit | 20003 _ ZIP CODE & 489 3024 |
| possession of Committee Full Name Mailing Address Title or Position ♥ Treasurer Treasurer: List the name name and address of any Full Name of Treasurer | books and records. Zamore 426 C St NE Washington CITY A and address (phone number optional) designated agent (e.g., assistant trease Zamore | DC STATE ▲ Telephone number 202 of the treasurer of the commit | 20003 _ ZIP CODE ▲ 4893024 |
| possession of Committee Full Name Mailing Address Title or Position ♥ Treasurer Treasurer: List the name name and address of any Full Name of Treasurer | books and records. Zamore 426 C St NE Washington CITY A and address (phone number optional) designated agent (e.g., assistant treasu Zamore 426 C St NE 426 C St NE | DC STATE ▲ Telephone number202 of the treasurer of the commit irer). | 20003 _ ZIP CODE & 489 3024 ttee; and the |

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| FEC Form 1 (F | Revised 02/2009) | | | | | | | | | | | | | - | | _ | | . | Page | 4 | | | |
|---|---|---------------------------------------|----------|------|--------------|------------|------------|--------|-----------|----------|-----------------------------|----------|------------|---------------------|--------|------|---------------------------|-------------|--------------------|-------|---------------|------------|------------------|
| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | _ | |
| | | | | | | | | | | | - | | | | | | | | | | | _ | |
| Title or Position ♥ | | | | C | | • | | | | | | STA | TE | 4 | | | ZI | P CC | DE | • | | | |
| | | | | | | _ | | | Teler | ohone | num | ber | - | | | | | | | | | | |
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| Banks or Other Dep safety deposit boxes Name of Bank, Depo | or maintains fun | t all ban Is. | nks or a | othe | r depo | ositor | ries in | whic | ch the | comr | nittee | e de | posit | s fur | ds, I | hold | s ac | coun | ts, re | ents | | | |
| safety deposit boxes | or maintains fund ository, etc. Bank of Ame | ds. rica | 1 1 | 1 | | ositor | ries in | • whic | ch the | comr | nittee | | posit ! | | Ids, I | | s ac | | ts, re | ents | I | | |
| safety deposit boxes | or maintains fund ository, etc. Bank of Ame | ds. rica | 1 1 | _1 | | ositor | ries in | • whic | i | I | nittee ! | | ! | | | | s ac | | | ents | | | |
| safety deposit boxes Name of Bank, Depo | or maintains fund ository, etc. Bank of Ame | ds. rica | 1 1 | _1 | 1 1 | ositor | ries in | • whic | | | <u> </u> <u> </u> | _L | ! | I!_ | | | | | | 1 | | | . |
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| safety deposit boxes Name of Bank, Depo | Bank of Ame | ds. rica 5 S. Las | Salle | | II I I | | I | ! | il | I I | ⊥ ⊥ ⊥ ⊥ | | <u>!</u> | II- I I_ I I_ | | | | | ! !] | | I i - I | | .] |
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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. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS Registered/Certified** Postma **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail Postmark Illegible** No Postmark Shipping Date **Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt **Received from House Records & Registration Office** Date of Receipt Received from Senate Public Records Office Ω Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2005)

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