

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
NOV 15 1996
MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed)
ILLINOIS VICTORY '96

(b) Number and Street Address (Check if address is changed)
54 W. ILLINOIS SUITE 200

(c) City, State and ZIP Code
CHICAGO IL 60610

9. FEC IDENTIFICATION NUMBER
Nov 4 10 19 AM '96

4. IS THIS STATEMENT AN AMENDMENT?
 YES NO

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 <i>DICK DURBIN</i>	Candidate Party Affiliation <i>DEMOCRATIC</i>	Office Sought <i>U.S. SENATE</i>	State/District <i>IL</i>
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- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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
<i>FRIENDS OF DICK DURBIN</i>	<i>P.O. Box 1449 Springfield IL 62765</i>	<i>JOINT FUNDRAISING COMMITTEE</i>
<i>DEMOCRATIC PARTY OF ILLINOIS</i>	<i>484 MERCHANDISE MART Chicago IL 60654</i>	<i>JOINT FUNDRAISING COMMITTEE</i>

Type of Connected Organization

- Corporation Corporation with 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
<i>MICHAEL TRAMONTINA</i>	<i>54 W. ILLINOIS, SUITE 200 Chicago IL 60610</i>	<i>TREASURER</i>

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
<i>MICHAEL TRAMONTINA</i>	<i>54 W. ILLINOIS, SUITE 200 Chicago IL 60610</i>	<i>TREASURER</i>

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
<i>ITALICARD BANK</i>	<i>ONE W. MADROE Chicago IL 60603</i>

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 <i>MICHAEL TRAMONTINA</i>	SIGNATURE OF TREASURER <i>Michael Tramontina</i>	DATE <i>11-3-96</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

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DATE OF RECEIPT

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PREPARER

11-7-96
DATE PREPARED