

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM

2000 FEB -4 P 2:51

|  |   |  |
|--|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL<br><b>Illinois Senate Victory Fund</b>            | <input type="checkbox"/> (Check if name is changed)               | 2. DATE<br><b>1/27/00</b>  |
| (b) Number and Street Address<br><b>c/o Tom Sullivan One IBM Plaza, 45th Floor</b> | <input checked="" type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number<br><b>CD0340380</b>   |
| (c) City, State and ZIP Code<br><b>Chicago, Illinois 60611</b>                     |   | 4. Is This Report An Amendment?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> 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<br><b>Carol Moseley-Braun</b> | Candidate Party Affiliation<br><b>Democrat</b> | Office Sought<br><b>U.S. Senate</b> | State/District<br><b>Illinois</b> |
|---|--|-------------------------------------|-----------------------------------|
- (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.

| B. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code  | Relationship             |
|---|---|--------------------------|
| <b>Carol Moseley-Braun for U.S. Senate 1998, Inc.</b>         | <b>c/o Tom Sullivan<br/>One IBM Plaza, 45th Floor<br/>Chicago, Illinois 60611</b> | <b>Joint Fundraising</b> |
| <b>Democratic Party of Illinois</b>                           | <b>P.O. Box 516<br/>Springfield, Illinois 62705</b>                               | <b>Joint Fundraising</b> |

Type of Connected Organization  
 Corporation  Corporation w/o 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<br><b>Danielle M. Winkle</b> | Mailing Address<br><b>NBC Tower, Suite 2600 455 Cityfront Plaza Dr. Chicago, IL 60611</b> | Title or Position<br><b>Custodian of Records</b> |
|--|---|--|

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<br><b>Thomas P. Sullivan</b> | Mailing Address<br><b>One IBM Plaza, 45th Floor Chicago, IL 60611</b> | Title or Position<br><b>Treasurer</b> |
|--|---|---------------------------------------|

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.<br><b>Seaway National Bank<br/>(account closed)</b> | Mailing Address and ZIP Code<br><b>645 E. 87th Street<br/>Chicago, IL 60619</b> |
|--|---|

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<br><b>Thomas P. Sullivan</b> | SIGNATURE OF TREASURER<br><i>Thomas P. Sullivan</i> | DATE<br><b>1/31/00</b> |
|--|---|------------------------|

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.

For further information contact:  
Federal Election Commission  
Toll-free 800-426-9530  
Local 202-219-3420

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**FEC FORM 1**  
(revised 4/87)

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 type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED<br>1/31/00                |
| <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<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| RB<br>PREPARER  | 2/4/00<br>DATE PREPARED              |