

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

RECEIVED
FEC MAIL ROOM

2002 MAR 5 10:02 AM

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4MS

CITIZENS TO ELECT YVONNE CHRISTIAN WILLIAMS,

ADDRESS (number and street)

11 WEST 144th. STREET

(Check if address
is changed)

RIVERDALE

IL

60827

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

SPKINGLLC@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01

28

2002

3. FEC IDENTIFICATION NUMBER ▶

C

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 STANLEY P. KING

Signature of Treasurer

Stanley P. King

2/28/02 Date

02

08

2002

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 1/01)

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 Y V O N N E C H R I S T I A N W I L L I A M S

Candidate Party Affiliation DEM Office Sought: House Senate President State IL District 02

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

Name of Candidate _____

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

(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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

none

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

CITIZENS TO ELECT YVONNE CHRISTIAN WILLIAMS

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 STANLEY P. KING, CPA

Mailing Address 1431 HUNTINGTON DRIVE

CALUMET CITY ILL 60409

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 708-868-2545

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 STANLEY P. KING, CPA

Mailing Address 1431 HUNTINGTON DRIVE

CALUMET CITY ILL 60409

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 708-868-2545

Full Name of Designated Agent NONE

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

8. **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.

HERITAGE COMMUNITY BANK

Mailing Address

13700 SOUTH INDIANA

RIVERDALE

IL

60527-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 2-15-02
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<i>Jm 10</i> PREPARER	3-5-02 DATE PREPARED