

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

10 AUG -2 AM 11:54

Full name and complete mailing address of Political Committee: 14 Friends to Elect Ed Hagnauer L 8665 2533 Iowa St Granite City, IL 62040-4803

						POLITICAL COMMITTEE IDENTIFICATION No.					
E-MAIL ADDRESS: GCACTCE HOTMAIL.COM			OV 111		ADDDESS SHANGE	13761					
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.											
-			AMOUNT OF FUNDO AVAIL ADLE AC OF								
1.	DATE COMMITTEE CREATED: ///3/	199	8	1 7 1	CREATION DATE :\$						
	☐ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN										
3.	BEFORE AN ELECTION.)										
J .	AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF <u>ANY</u> CHANGES.) REACTIVATING										
	REACTIVATING										
4.	POLITICAL COMMITTEE'S DESIGNATION:										
	ALL COMMITTEES CHOOSE ONE:	ALL NEW COMMITTEES MUST ALSO CHOOSE ONE:									
	CANDIDATE POLITICAL COMMITTEE*	☐ STATE POLITICAL COMMITTEE									
	POLITICAL ACTION COMMITTEE			STATE & LOCAL POLITICAL COMMITTEE							
	POLITICAL PARTY COMMITTEE	LOCAL POLITICAL COMMITTEE									
	BALLOT INITIATIVE COMMITTEE		.								
	*For purposes of contribution limits and reporting requirements a single Candidate Political Committee supporting a ca multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is										
5.	POLITICAL COMMITTEE'S AREA OF ACT	IVITY.	SCOF	PE. AND	PARTY AFFILIATION.						
J .	A. THIS COMMITTEE WILL PRIMARILY OPERA	TE IN T	HE FO	DLLOWIN	G COUNTY(IES) OR DIST	RICT(S):					
	(not applicable if operating statewide or supporting/		statewide candidates or ballot initiatives)								
			,								
	B. POLITICAL PARTY AFFILIATION: <u>Dem</u>										
	C. NAME AND ADDRESS OF EACH SPONSOR	ING EN	TITY:								
6.	PURPOSE OF THE POLITICAL COMMITTE				^	,					
<u> </u>	The election of Ed	HAG	UA (JER .	for MAYOR of	- GRAVITE City					
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)										
	NAME AND ADDRESS	SUPPO	RT	OPPOSE	OFFICE	PARTY AFFILIATION					
Ed HAGNAUER					MAYOR						
2325 ClevelAND					of						
GRAVITE City, Il 62040					GRANITE CO	Ly Democratic					
	IF MORE SPACE FOR INFORMA	ATION IS	REQ	UIRED, F		/					

					_					
	COMMITTEE NAME: FRIENDS TO ELECT EX HAGNAU					POLITICAL COMMITTEE IDENTIFICATION No.: 4 8665				
	8.									
	CHAIRMAN ALAN Schuler TREASURER TIM CONNOLLY					MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS #2 HANSON DR GRANITE City, II. 60040				
_										
,				2533 IOWA GRANITECITY, Il. 6204						
9. POSITION, NAME & I			N, NAME & MAILING AD	MAILING ADDRESS OF EACH		CH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.				
_	POSITION		NAME			MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS				
TREASURER		SURER	Tim Coupolly			2533 IOWA GRANITECTY, I1. 62040				
	10.									
			NAME			MAILIN	IG ADDRES	S AND PHONE NUMBER		
_	The	BANI	Kof Edwards,	ulle 3	83	BONAMEO KI	·RL	GRANITE CITY, I	1.62040	
					ENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE: TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.					
	☐ RETURN TO CONTRIBUTORS IN AMOUNTS NOT☐ TRANSFER TO ANOTHER POLITICAL COMMITTE									
						:E:				
Ĺ		TRANSFER TO A CHARITIBLE ORGANIZATION: IF MORE SPACE FOR INFORMATION IS F				REQUIRED PLEAS	SE ATTACH	ADDITIONAL SHEETS		
•										
VERIFICATION- BALLOT INITIATIVE COMMITTEES ONLY I DECLARE THAT THIS BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEST ORGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIAL COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTED THIS ARTICLE. (10 ILCS 5/9)										
G.	Azedo	U SCA	fular 9/1	andeli	[] }				7-28-10	
7.			WRITTEN SIGNATURE O	F COMMITTI	ĒΕ	CHAIRPERSON			DATE	
_	BY ME A	AND, TO TH RED BY ART	HIS STATEMENT OF ORGANIZ E BEST OF MY KNOWLEDGE A	ATION (INCLUD AND BELIEF, IS A DE. I UNDERSTA	ING A TE	TTEES INCLUDING BALLOT INITIATIVE COMMITTEES G ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED IRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS D THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT				
-	PRINTED AND WRITTEN SIGNATURE OF TREASURER					OR CANDIDATE			7/2//20/	
•	THE ILLI	NOIS STATE D UNDER PL	BOARD OF ELECTIONS REQUIRE JBLIC ACT 78-1183. WILLFUL FAILU	S THE DISCLOSU URE TO FILE OR V IE OF UP TO \$500	OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS FUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALI HIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.					
-		P(1020 SPRINGFI fax::	ARD OF ELECTIONS D BOX 4187 S SPRING ST ELD, IL 62708-4187 217-557-5630 TIONS IL GOV(D-1s ONLY)	STAT JAME 100 W CH	E B S R RAI IIC	COMMITTEES RETU BOARD OF ELECTI R. THOMPSON CEN NDOLPH ST, STE AGO, IL. 60601-323 x: 312-814-6485 ECTIONS.IL.GOV(D	ONS NTER 14-100 2	LOCAL POLITICAL COI STATE & LOCAL I COMMITTEES RETURI STATE BOARD OF AND A COPY TO EACH COUNTY CL	POLITICAL N ORIGINAL TO: ELECTIONS APPROPRIATE	

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