17737784613



FORM

STATEMENT OF ORGANIZATION

TATE BOARD OF ELECTIONS
FOR OFFICE USE ONLY 10 AUG -9 PM 2: 12

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Political Committee: Citizens to Elect Jackie Marie Portman 5 8554 03 c/o Eular Portman 6510 S Laflin St Chicago, IL 60636-2812 POLITICAL COMMITTEE IDENTIFICATION No. E-MAIL ADDRESS: CHECK HERE IF ADDRESS CHANGE

1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVA		
3.	☐ NEW COMMITTEE (MUST BE FILED WITH BEFORE AN ELECTION OF THE PROPERTY OF THE	TION.)		***	CREATED WITHIN 30 DAYS	
4.	POLITICAL COMMITTEE'S DESIGNATION	1:				
	ALL COMMITTEES CHOOSE ONE:	İ	ALL NEW COMMITTEES MUST ALSO CHOOSE ONE:			
	CANDIDATE POLITICAL COMMITTEE*		STATE POLITICAL COMMITTEE			
	POLITICAL ACTION COMMITTEE	ļ	STATE & LOCAL POLITICAL COMMITTEE			
i	D POLITICAL PARTY COMMITTEE		LOCAL POLITICAL COMMITTEE			
	☐ BALLOT INITIATIVE COMMITTEE					
	*For purposes of contribution limits and reportin multiple offices elected at different elections mu					
5.	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTY(IES) OR DISTRICT(S): (not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives)					
	B. POLITICAL PARTY AFFILIATION:					
	C. NAME AND ADDRESS OF EACH SPONSOR	ING ENTIT	Y:			
6.	PURPOSE OF THE POLITICAL COMMITTE	EE.				
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)					
-15/	NAME AND ADDRESS	SUPPORT	OPPO:	SE OFFICE	PARTY AFFILIATION	
	1					

COMMITTEE NAME:				POLITICAL COMMITTEE IDENTIFICATION NO.:			
8.	REQUIRE	ED COMMITTEE OFFICERS.					
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN							
TREASURER							
9.	POSITIO	N, NAME & MAILING ADDRESS OF EA	AC	H CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
		FUN		,			
10.	LIST OF	ALL FINANCIPL METITUTIONS AND IDENCY LIST ALL'AS SPINORAY'S DATE.)	ò	THER REPOSITORIES OF THE COMMITTEE FUNDS.			
		NAME		MAILING ADDRESS AND PHONE NUMBER			
			_				
11.				ENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:			
	∏ RETU	IRN TO CONTRIBUTORS IN AMOUNTS N	OT	TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.			
	TRAN	ISFER TO ANOTHER POLITICAL COMMIT	ΤE	E			
	TRAN	ISFER TO A CHARITIBLE ORGANIZATION					
		IF MORE SPACE FOR INFORMATION	ŞI	REQUIRED, PLEASE 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 PUBLIC POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VICLATION OF THIS ARTICLE, (16 ILCS 5/9)							
•							
PRIN	TED AND V	VRITTEN SIGNATURE OF COMMITTE	E	CHAIRPERSON DATE			
VERIFICATION: ALL POLITICAL COMMITTEES INCLUDING BALLOT INITIATIVE COMMITTEES I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.							
Tac	vie 1	Marie Portman		SR CANDIDATE DATE			
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSORE OF INFORMATION THAT IS NECESSARY IF YOU CHALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1483. WILLFUL FABLURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.							
	STATE BOA			COMMITTEES RETURN TO: OARD OF ELECTIONS LOCAL POLITICAL COMMITTEES AND			
PO BOX 4187 JAMES F			3 R	THOMPSON CENTER STATE & LOCAL POLITICAL NDOLPH ST, STE 14-100 COMMITTEES RETURN ORIGINAL TO:			
SPRINGFIELD, IL 62708-4187 CHICA			CA	GO. IL. 60801-2232 STATE BOARD OF ELECTIONS 1312-814-6485 AND A COPY TO EACH APPROPRIATE			
e-mail:	Tex: 2	17-557-5630 10NS.IL.GOV(D-1≈ ONLY) e-mail: <u>D1@E</u>					