

**FORM** 

**D-1** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

10 OCT 18 AN 10: 05

STATE BOARD OF ELECTIONS

Full name and complete mailing address of Political Committee:

Friends of Ted Polashek 2114 Elmwood Ave. Berwyn,IL 60402

POLITICAL COMMITTEE IDENTIFICATION No.

21496 - 08

E-MAIL ADDRESS:

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE

**CHECK HERE IF ADDRESS CHANGE** 

| SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. |   |         |          |  |                   |  |  |  |
|---|---|---------|----------|--|-------------------|--|--|--|
| 1.  | DATE COMMITTEE CREATED:   |         | 2.       | AMOUNT OF FUNDS AVAILA CREATION DATE :\$ | BLE AS OF         |  |  |  |
| 3.  | ■ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS  BEFORE AN ELECTION.)  AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1  ON FILE.)  REACTIVATING                                 |         |          |  |                   |  |  |  |
| 4.  | POLITICAL COMMITTEE'S DESIGNATION:  |         |          |  |                   |  |  |  |
| 4.  | ALL COMMITTEES CHOOSE ONE:  | •••     | ALL      | NEW COMMITTEES MUST ALSO                 | CHOOSE ONE:       |  |  |  |
|   | ✓ CANDIDATE POLITICAL COMMITTEE*  |         |          | STATE POLITICAL COMMITTEE                |                   |  |  |  |
|   | POLITICAL ACTION COMMITTEE .  |         | <b>7</b> | STATE & LOCAL POLITICAL COM              | MITTEE            |  |  |  |
|   | ☐ POLITICAL PARTY COMMITTEE   |         |          | LOCAL POLITICAL COMMITTEE                |                   |  |  |  |
|   | ☐ BALLOT INITIATIVE COMMITTEE   |         | ,        |  |                   |  |  |  |
|   | *For purposes of contribution limits and reporti multiple offices elected at different elections m  |         |          |  |                   |  |  |  |
| 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)  Cook County |         |          |  |                   |  |  |  |
|   | B. POLITICAL PARTY AFFILIATION: Democratic  |         |          |  |                   |  |  |  |
| :<br>:<br>:   | C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:  |         |          |  |                   |  |  |  |
| 6.  | PURPOSE OF THE POLITICAL COMMITT<br>Support the city/county dignitaries.  | TEE.    |          |  |                   |  |  |  |
| 7.  | CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)   |         |          |  |                   |  |  |  |
|   | NAME AND ADDRESS  | SUPPORT | OPPOS    | E OFFICE                                 | PARTY AFFILIATION |  |  |  |
|   |   | ,       |          |  |                   |  |  |  |

| **************************************  | TTEE NA   | AME:  |  | 21496 08  |   |  |  |  |
|---|---|---|--|---|---|--|--|--|
| ∂ F   | REQUIRE   | D COMMITTEE OFFICER   | RS.  |   |   |  |  |  |
| POSI'   | TION  | NAME  |  | MAILING ADDRESS DAIT  | ME PHONE NUMBER, AND E-MAIL ADDRESS   |  |  |  |
| CHAIRMAN  |   | Mike Dropny   |  |   | 2287 12th AVE   |  |  |  |
|   |   |   |  | agen gyr var  | Northriverside, IL 60546  |  |  |  |
| TREASURER   |   | Jan Cole  |  |   | 27435 Having  |  |  |  |
|   |   |   |  | 763-359-0498 Baryn, IL 60402  |   |  |  |  |
| 9. P  | OSITIO  | N, NAME & MAILING ADD   | DRESS OF EAC   | CH CUSTODIAN OF THE   |   |  |  |  |
| POS   | T: 0 N  | MAME  |  | MAKING ADDRESS DA T   |   |  |  |  |
| ***************************************   |   |   |  | -   |   |  |  |  |
|   |   |   |  |   |   |  |  |  |
| 10.   |   | ALL FINANCIAL INSTIT  |  | OTHER REPOSITORIES C  |   |  |  |  |
| NAME  |   |   | MAILING ADDRESS - DR-I B BER                             |   |   |  |  |  |
|   |   |   |  |   |   |  |  |  |
|   |   |   |  |   |   |  |  |  |
| 11.   | DISPOS  | ITION OF RESIDUAL FU  | NDS IN THE EV  | /ENT OF DISSOLUTION O   | OR TERM NATION OF THE COMMITTEE:  |  |  |  |
|   | RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL SOUTH BUT SO S |   |  |   |   |  |  |  |
|   |   |   |  |   |   |  |  |  |
|   | TRANSFER TO ANOTHER POLITICAL COMMITTEE:  |   |  |   |   |  |  |  |
|   | ∐ IRAI  | NSFER TO A CHARITIBLE OF<br>IF MORE SPACE FOR IT  |  | REQUIRED, PLEASE ATTAC  | CH ADDITIONAL SHEETS.   |  |  |  |
|   | ***************************************   | VE  | RIFICATION- BALI   | OT INITIATIVE COMMITTEES (  | ONLY  |  |  |  |
| FIGURANI<br>DRIGANI<br>DRIGANI<br>NOMAN   | ALL CONT<br>ZATION, TI<br>TEE DOES<br>TION FOR                                  | RIBUTIONS AND EXPENDITUR HE COMMITTEE MAY ACCEPT NOT MAKE CONTRIBUTIONS                         | RES OF THE COMM<br>UNLIMITED CONT<br>OR EXPENDITURE      | MITTEE WILL SE USED FOR THE<br>RIBUTIONS FROM ANY SOURC<br>ES IN SUPPORT OF OR OPPOSI | PORTING OR OPPOSING A QUESTION OF PUBLIC E PURPOSE DESCRIBED IN THIS STATEMENT OF SE, PROVIDED THAT THIS BALLOT INITIATIVE ITION TO A CANDIDATE OR CANDIDATES FOR QUIREMENTS SHALL DEEM THIS COMMITTEE IN |  |  |  |
|   |   | s i ka  | 20 7/-   | N. A  | Iraha Ca  |  |  |  |
| PRINTE  | <u> </u>  | WRITTEN SIGNATURE O   | F COMMITTEE  | CHAIRPERSON   | 10/18/2015<br>DATE  |  |  |  |
| -   |   | VERIFICATION: ALL   | POLITICALCOMMI   | TTEES INCLUDING BALLOT N  | TATIVE COMMITTEES   |  |  |  |
| BY ME AT<br>REQUIRE   | ND, TO TH<br>ED BY ART  | HIS STATEMENT OF ORGANIZE BEST OF MY KNOWLEDGE A  | ATION (INCLUDIN<br>AND BELIEF, IS A T<br>DE. I UNDERSTAN | G ANY ACCOMPANYING SITES<br>FRUE, CORRECT, AND III /FLE                               | CLLES AND STATEMENTS) HAS BEEN EXAMINED<br>TE STATEMENT OF ORGANIZATION AS<br>ALSE OR INCOMPLETE STATEMENT IS SUBJECT   |  |  |  |
| Josh  | Cole  | [An Mag   | 1  |   | 10/18/2010  |  |  |  |
|   |   | WRITTEN SIGNATURÉ O   |  |   | DATE  |  |  |  |
| OUTLINED  | UNDER PU  | BOARD OF ELECTIONS REQUIRE<br>IBLIC ACT 78-1183. WILLFUL FAILL<br>IESS OFFENSE SUBJECT TO A FIN | JRE TO FILE OR WIL<br>JE OF UP TO \$5000.                | LEUL FILING OF FALSE OF HIS OME<br>This form is in ocale lance of the                 | SSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE A<br>PLETE INFORMATION REQUIRED BY THIS ARTICLE SHAL<br>THE FORMS MANAGEMENT PROGRAM ACT.   |  |  |  |
| ST  |   | ARD OF ELECTIONS  | STATE  | BOARD OF ELECTIONS  | LOCAL POLITICAL COMMITTEES AND STATE & LOCAL POLITICAL  |  |  |  |
|   |   | S SPRING ST   |  | R. THOMPSON CENTER<br>NDOLPH ST, STE 14-100   | COMMITTEES RETURN ORIGINAL TO:  |  |  |  |
| SPRINGFI  |   | ELD, IL 62708-4187  |  | ÁĞŌ, IL. 60601-3232   | STATE BOARD OF ELECTIONS  |  |  |  |
| fax: 217-557-5630 e-mail: $\underline{D1@ELECTIONS.IL.GOV(D-1s\ ONLY)}$ e-mail: $\underline{\underline{C}}$ |   |   | ix: 312-814-6485<br><u>ECTIONS.IL.GOV(</u> D-1s ONLY     | AND A COPY TO <u>EACH</u> APPROPRIATE COUNTY CLERK.                                   |   |  |  |  |

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