

**FORM** 

**D-1** 

## STATEMENT OF ORGANIZATION MEDITABLE CONTRACTOR AND STATEMENT OF ORGANIZATION

11 NOV -9 AH 6: 19

Full name and complete mailing address of Political Committee:

Advocates for Abbey Fishman Romanek for Judge P.O. Box 653

Wilmette, IL 60091			
Email Address: danmunikaplan	POLITICAL COMMITTEE IDENTIFICATION NO: Candidate 19109 ~		
	heck here if Address Change		Carratado 15100
1. DATE COMMITTEE CREA	ATED: 4/21/2005		IDS AVAILABLE FOR DITURES AS OF THE DATE THE DREATED: - 0-
3. NEW COMMITTEE	REACTIVATING		NT: (MUST BE FILED WITHIN 10 DAYS OF <b>ANY</b> CHANGES.)
POLITICAL PA * For purposes of contribution for multiple offices elected at of the complete of	ALL COMMITTE POLITICAL COMMITTEE * ARTY COMMITTEE limits and reporting requirements a different elections must designate a  S AREA OF ACTIVITY, SCO WILL PRIMARILY OPERAT applicable if operating statewide or	BALLOT INIT a single Candidate Political in election cycle by listing  DPE AND PARTY AF TE IN THE FOLLOWI supporting/opposing state	
6. PURPOSE(S) OF THE PO	DLITICAL COMMITTEE an Romanek as a judge		
7. CANDIDATE(S) THE COM	MITTEE IS SUPPORTING	OR OPPOSING.	
NAME AND ADDRESS	SUPPORT/OPPOSE	OFFICE	PARTY AFFILIATION

NAME OF POLITICAL Advocates for Abbey	POLITICAL COMMITTEE IDENTIFICATION NO:				
			Candidate 19109		
8. REQUIRED COMM	MITTEE OFFICERS				
POSITION	NAME		MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND EMAIL ADDRESS		
Treasurer	Daniel Kaplan	1510 Washington Ave dan พ Willmette, IL 60091 847 256-79			
9. POSITION, NAME AND ACCOUNTS. POSITION	E, & MAILING ADDRESS OF	MAILING ADDRESS, DAYTIN	ME PHONE NUMBER,		
10. LIST OF ALL FIN	IANCIAL INSTITUTIONS AN	D OTHER REPOSITORIES OF THE CO			
NAME		MAILING ADDRESS AND PHONE NUMBER			
11. DISPOSITION OF	RESIDUAL FUNDS IN THE	E EVENT OF DISSOLUTION OR TERM	INATION OF THE		
RETURN TO COM	NTRIBUTORS IN AMOUNTS N	OT TO EXCEED THEIR INDIVIDUAL CONT	RIBUTION.		
	VEDICATION: BAL	LOT INITIATIVE COMMITTEES ONLY			

I DECLARE THAT THIS <u>BALLOT INITIATIVE COMMITTEE</u> IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE 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 VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE

## **VERIFICATION: ALL POLITICALCOMMITTEES 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 0 \$5000. Knel

Abbeu Eishman

DATE

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE

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THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE 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.