

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF LAFCTIONS

12 MAR 15 AM 8: 10

Full name and complete mailing address of Political Committee:

Stronger Illinois Committee 676 North LaSalle, Suite 324 Chicago, IL 60654

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: StrongerIllinois@gmail.com

CHECK HERE IF ADDRESS CHANGE

24300-12

	SEE PAMPHLET "A GUIDE TO CAMI	AIGN	DISCLUSURE FOR GUI	DANCE.					
1.	DATE COMMITTEE CREATED: 3/14/2012	2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$ 0	ABLE 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:								
	ALL COMMITTEES CHOOSE ONE:								
	CANDIDATE POLITICAL COMMITT	EE*	POLITICAL ACTION	COMMITTEE					
	POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE								
	*For purposes of contribution limits and reporting requirement multiple offices elected at different elections must designate	_		• • •					
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) N/A								
	B. POLITICAL PARTY AFFILIATION: Democratic								
	C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: N/A								
6.	PURPOSE OF THE POLITICAL COMMITTEE. To support candidates for public office who share the goals of the political committee.								
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					
To be determined by the political committee.									

COMMITTEE NAME: Stronger Illinois Committee					POLITICAL COMMITTEE IDENTIFICATION No.:			
8.	REQUIR	RED COMMITTEE OFFICERS.						
POSITION		NAME M		MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN		Michael Healy		676 North LaSalle, Suite 324, Chicago, IL 60654 312-469-0493 StrongerIllinois@gmail.com				
TREASURER		312-		676 North LaSalle, Suite 324, Chicago, IL 60654 312-469-0493 StrongerIllinois@gmail.com				
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.								
РО	SITION	NAME	MAILING ADDRE		S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
Chairman/Treasurer		Michael Healy		676 North LaSalle, Suite 324, Chicago, IL 60654 312-469-0493 StrongerIllinois@gmail.com				
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
		NAME		MAILING ADDRESS AND PHONE NUMBER				
Charter One Bank			33 West Grand Avenue, Chicago, IL 60610					
	RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS. TRANSFER TO ANOTHER POLITICAL COMMITTEE: TRANSFER TO A CHARITIBLE ORGANIZATION:							
		IF MORE SPACE FOR INFORMA	TION IS	REQUIRED, PLEAS	E 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 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, 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 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.								
		Mike) Healy	<u> </u>	- 1 / V(3/14/2012			
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. WILLIFUL FAILURE TO FILE OR WILLIFUL 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. ALL POLITICAL COMMITTEES RETURN TO:								
	e-ma	STATE BOARD OF ELECTIONS PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 fax: 217-557-5630	JUTICAL	<u>COMMITTEES RETUF</u>	STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485			