

## **FORM**

## STATEMENT OF ORGANIZATION TE BOARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

120CT -3 AM 8: 19

Full name and complete mailing address of Political Committee:

Friends of Bill Habel P.O. Box 9162 Naperville, IL 60567-9162

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: billhabelfornaperville@gmail.com

	$\Box$ CHECK HERE IF ADDRESS CHANGE $24587-4$								
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED: 10/01	1/2012		MOUNT OF FUNDS AVAILA REATION DATE :\$350.00	ABLE AS OF				
3.	■ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS DF 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 ONLY ONE:  CANDIDATE POLITICAL COMMITTEE*  *For purposes of contribution limits and reporting requirements a Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is:  Naperville City Councilman  POLITICAL ACTION COMMITTEE  POLITICAL PARTY COMMITTEE  BALLOT INITIATIVE COMMITTEE  INDEPENDENT-EXPENDITURE-ONLY PAC**  ** May not make direct contributions or coordinated expenditures.								
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) Naperville, in the counties of DuPage and Will  B. POLITICAL PARTY AFFILIATION:  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:								
6.	To support the candidacy of Bill Habel to the Naperville City Council								
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY AFFILIATION				
Bill Habel P.O. Box 9162 Naperville, IL 60567-9162		V		Naperville City Councilman	nonpartisan				

COMMITTEE NAME: Friends of Bill Habel					POLITICAL COMMITTEE IDENTIFICATION No.:  24587		
8.	REQUIR	ED COMMITTEE OFFICERS.					
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN		Bill Habel		P.O. Box 9162 Naperville, IL 60567-9162 630-527-8790 billhabelfornaperville@gmail.com			
TREASURER		Bill Habel		P.O. Box 9162 Naperville, IL 60567-9162 630-527-8790 billhabelfomaperville@gmail.com			
9.	POSITIO	N, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.					
POSITION		NAME		MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS			
Chairman		Bill Habel		P.O. Box 9162 Naperville, IL 60567-9162 630-527-8790 billhabelfomaperville@gmail.com			
10.		F ALL F <b>inancial institutions</b> NDING, List all as of today's da		DTHER REPOSIT	ORIES OF THE COMMITTEE FUNDS.		
NAME			MAILING ADDRESS AND PHONE NUMBER				
\malg <b>a</b> i	mated Bank o	f Chicago	28600 E	Зella Vista Pkwy. Warrei	nville, IL 60555 630-225-4300		
	TRA		MMITT ATION:	EE:Midwest Sh	elter for Homeless Veterans Wheaton, IL SE ATTACH ADDITIONAL SHEETS.		
EXPEND ANY SO	OITURES DE THÉ URCE, PROVIDE	COMMITTEE WILL BE USED FOR THE PURPOSE DES DITHAT THIS BALLOT INITIATIVE COMMITTEE DOES N	CRIGED IN	NTHIS STATEMENT OF ORGA CONTRIBUTIONS OR EXPEN	SING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND NIZATION, THE COMMITTEE MAY ACCEPT UNUMITED CONTRIBUTIONS FROM DITURES IN SUPPORT OF OR CPPOSITION TO A CANDIDATE OR CANDIDATES SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)		
PRIN	TED AND	WRITTEN SIGNATURE OF COM	MITTE	F CHAIRPERSON	DATE		
	TEO MAN			IDENT EXPENDITURE			
FROM A	DITURES DÉ THE INY SOURCE, PR		ED FOR T SCRIBEO I	THE EXCLUSIVE PURPOSE OF IN THE STATEMENT OF ORC DOES NOT MAKE CONTRIBU	F MAKING INDEPENDENT EXPEN DITURES, (II) ALL CONTRIBUTIONS AND SANIZATION, (III) THE C DMMITTEE MAY A CCEPT UNLIMITED CONTRIBUTIONS STIDNS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTE		
PRIN	TED AND	WRITTEN SIGNATURE OF COMM	NITTE	E CHAIRPERSON	DATE		
-		VERIFIC	CATION	: ALL POLITICAL COM	AMITTEES		
AND BE	LIEF IS A TRUE	TATEMENT OF ORGANIZATION (INCLUDING ANY ACC CORRECT, AND COMPLETE STATEMENT OF ORGANI YT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1	ZATION AS	S REQUIRED BY ARTICLE 9 O	MENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE IF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR		
	B.11	HABEL PLE		Hall	10/01/2012		
THE IL	LINOIS STATE	UBLIC ACT 78-1183. WILLFUL FAILURE TO FILE NESS OFFENSE SUBJECT TO A FINE OF UP TO	CLOSURE E OR WIE O \$5000.	E OF INFORMATION THA LLFUL FILING OF FALSE ( THIS FORM IS IN COMPL	T IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL IANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		
			OLITICA	L COMMITTEES RETU	RN TO: STATE BOARD OF ELECTIONS		
STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630					JAMES R. THOMPSON CENTER 100 W RANDOLPH ST. STE 14-100 CHICAGO, IL. 60601-3232		
	e-ma	iii: D1@ELECTIONS.IL.GOV <b>(D-1s ONL.Y)</b>			fax: 312-814-6485		

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