FOR OFFICE USE ONLY



FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

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Full name and complete mailing address of Political Committee:

KUSPA FOR MAYOR 14954 Moorings Lane Oak Forest, IL 60452

2013 FEB 28 PM 2: 11 STATES OF PUREFUE

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: raspovich@sbcglobal.net

21189-10

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.						
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAILA	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: 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:					
·	 □ 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)					
	B. POLITICAL PARTY AFFILIATION:					
	C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:					
6.	PURPOSE 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	
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IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

THIS FORM MAY BE REPRODUCED

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Revised 7/9/12

COMMITTEE NAME:	POLITICAL COMMITTEE IDENTIFICATION No.:	
8. REQUIRED COMMITTEE OFFICERS.		
POSITION NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS	
CHAIRMAN Bill Fox	6160 La Grande Court Oak Forest, IL 60452 708-687-9607	
TREASURER		
9. POSITION, NAME & MAILING ADDRESS	OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.	
PDSITION NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS	
	S AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.	
(IF AMENDING, LIST ALL AS OF TODAY'S DANAME	MAILING ADDRESS AND PHONE NUMBER	
VERIFICATION DECLARE THAT THIS <u>BALLOT INITIATIVE COMMITTES</u> IS FORMED FOR THE EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESIGNAY SOURCE, PROVIDED THAT THIS SALLOT INITIATIVE COMMITTEE DESIGNAY SOURCE, PROVIDED THAT THIS SALLOT INITIATIVE COMMITTEE DESIGNAY SOURCE, PROVIDED THAT THIS SALLOT INITIATIVE COMMITTEE DESIGNATION OR RETENTION, AND FAILURE	ATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS. ON- BALLOT INITIATIVE COMMITTEES ONLY E PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND SCRIBED IN THIS STATEMENT OF ORGANIZATION THE COMMITTEE WAY ACCEPT UNLIMITED CONTRIBUTIONS FROM NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES TO ASIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE, (10 ILCS 5/8)	
PRINTED AND WRITTEN SIGNATURE OF COM	······································	
- I DECLARE THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FOR EXPENDITURES OF THE COMMITTEE WILL SE USED FOR THE PURFOSE DE FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE C	NDEPENDENT EXPENDITURE COMMITTEES ONLY MED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (11) ALL CONTRIBUTIONS AND ESCRIBED IN THE STATEMENT OF ORGANIZATION, (11) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS OMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMIT EQUIREMENTS SHALL DEEM THE COMMITTEE IN MOLATION OF THIS ARTICLE.	
PRINTED AND WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSON DATE	
I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACC	ICATION: <u>ALL POLITICAL COMMITTEES</u> COMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF NY KNOWLEDGE RIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE, I UNDERSTAND THAT WILLFULLY FILING A FALSE OR 1001 AND UP TO 55000.	
HONGE RESIDENT DOWNA RAS PONICH TREASURER 2/28/ PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE DATE		
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DIS OUTLINED UNDER PUBLIC ACT 78-1183, WILLFUL FAILURE TO FIL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP 1	CLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS LE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMIENT PROGRAM ACT.	
STATE BOARD OF ELECTIONS	STATE BOARD OF ELECTIONS LAMES B. THOMBSON CENTER	
2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503	JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100	
fax: 217-557-5630 e-mail: <u>D1@ELECTIONS.IL.GOV(D-1s ONLY)</u>	CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: <u>D1@ELECTIONS.IL.GOV</u> (D-1s ONLY)	
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