

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS 13 MAR - 1 PM 2: 15

Full name and complete mailing address of Political Committee:

Friends for Naperville Township Republicans for Supervisor, Clerk, Assessor, Highway Commissioner and Trustees

1432 Greenlake Drive

Aurora, IL 60502

POLITICAL COMMITTEE	
IDENTIFICATION	No.

E-MAI	L ADDRESS:	IDENTIFICATION No. 24755-4				
	SEE PAMPHLET "A GUIDE	TO CAMPA	AIGN [SISCLOSURE" FOR	GUIDANCE.	
1.	DATE COMMITTEE CREATED: 12/08	3/2012		AMOUNT OF FUNDS A CREATION DATE :\$	VAILABLE 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	

СОМ	MITTEE N.	AME: Friends for Naperville Township Repu Clerk, Assassor, Hichwordsmire	ublicans for Supervisor,	POLITICAL COMMITTEE IDENTIFICATION No.: 24755-4			
8. REQUIRED COMMITTEE OFFICERS.							
POSITION NAME		NAME	MAILING ADDRES	SS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS			
С	HAIRMAN						
TR	EASURER						
9.	POSITIO	N, NAME & MAILING ADDRESS OF E	ACH CUSTODIAN (OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION NAME		NAME	MAILING ADDRES	SS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS			
10.	J	F ALL FINANCIAL INSTITUTIONS AN NDING, LIST ALL AS OF TODAY'S DATE.		ORIES OF THE COMMITTEE FUNDS.			
		NAME		NG ADDRESS AND PHONE NUMBER			
DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE: RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS. TRANSFER TO ANOTHER POLITICAL COMMITTEE: TRANSFER TO A CHARITABLE ORGANIZATION: IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS. VERIFICATION- BALLOT INITIATIVE COMMITTEE ONLY IDECLARE 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 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: INDEPENDENT EXPENDITURE COMMITTEES ONLY I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES. (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE OF THE STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMIT OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.							
PRIN	ITED AND	WRITTEN SIGNATURE OF COMMIT	TEE CHAIRPERSON	DATE			
VERIFICATION: ALL POLITICAL COMMITTEES LOE CLARE THAT THIS STATEMENT OF DRGANIZATION (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 COOE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.							
	ichel M	1, Ossyri Karly WRITTEN SIGNATURE OF TREASU	THE OR CANDIDAT	2/26/2013 E DATE			
THE IL	LINOIS STATE	BOARD OF ELECTIONS REQUIRES THE DISCLOS UBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR NESS OFFENSE SUBJECT TO A FINE OF UP TO \$50	URE OF INFORMATION THE	AT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE A: OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHAL LIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.			
STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 e-mail: D1@ELECTIONS,IL.GOV(D-1s ONLY)			C. A. COMMITTELONE II	STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: D1@FI FCTIONS II. GOV(D-1s ONLY)			

PAGE 2 OF 2