FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS

FOR OFFICE USE ONLY

13 MAY 10 PM 12: 11

Full name and complete mailing address of Political Committee:

Westside PAC 704 Woodland Ave Springfield, IL 62704

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

12326 -6

1.	DATE COMMITTEE CREATED:	0 07 11111 1	2	AMOUNT OF FUNDS AVAILA			
3.	DATE COMMITTEE CREATED: CREATION DATE :\$						
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 S	SUPPORT	OPPOS	E OFFICE	PARTY AFFILIATION		

COMMITTEE	Nestside PAC		POLITICAL COMMITTEE IDENTIFICATION No.:			
8. REQUIR	ED COMMITTEE OFFICERS.					
POSITION	NAME	MAILING ADDRE	ESS, daytime phone number , and e-mail address			
CHAIRMAN	Michael Ziri	1524 W Enps, Sprin	ngfield, IL 62702 (217) 899-7459			
TREASURER						
9. POSITIO	N, NAME & MAILING ADDRESS	OF EACH CUSTODIAN	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION	NAME	MAILING ADDRI	ESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS			
	 F ALL FINANCIAL INSTITUTIONS INDING, LIST ALL AS OF TODAY'S DA		TORIES OF THE COMMITTEE FUNDS.			
NAME		MAII	MAILING ADDRESS AND PHONE NUMBER			
			DLUTION OR TERMINATION OF THE COMMITTEE:			
TRA	TURN TO CONTRIBUTORS IN AMOUN INSFER TO ANOTHER POLITICAL CO INSFER TO A CHARITABLE ORGANIZ	DMMITTEE:	EIR INDIVIDUAL CON TRIBUTIONS.			
L	IF MORE SPACE FOR INFORMA	TION IS REQUIRED, PLE	ASE ATTACH ADDITIONAL SHEETS.			
EXPENDITURES OF THE ANY SOURCE, PROVIDE	BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE ECOMMITTEE WILL BE USED FOR THE PURPOSE DESIGN THAT THIS BALLOT INITIATIVE COMMITTEE DOES IN	SCRIBED IN THIS STATEMENT OF OR NOT MAKE CONTRIBUTIONS OR EXP	MMITTEES ONLY POSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND RGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM RENDITURES IN SUPPORT OF OR OPPCSITION TO A CANDIDATE OR CANDIDATES TS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)			
PRINTED AND	WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSO	N DATE			
EXPENDITURES OF THE FROM ANY SOURCE, PR	— S INDEPENDENT EXPENDITURE COMMITTEE IS FDRM E COMMITTEE WILL BE USED FOR THE PURPOSE DE	SCRIBED IN THE STATEMENT OF C DIMMITTEE DOES NOT MAKE CONTR	TO MAKING INDEPENDENT EXPEN DITURES, (ii) ALL CONTRIBUTIONS AND DEPARTMENT OF THE COMMITTEE MAY A CCEPT UNLIMITED CONTRIBUTIONS IBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMIT			
PRINTED AND	WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSO	N DATE			
VERIFICATION: ALL POLITICAL COMMITTEES						
AND BELIEF, IS A TRUE	STATEMENT OF ORGANIZATION (INCLUDING ANY ACC CORRECT, AND COMPLETE STATEMENT OF ORGANI NT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST S	IZATION AS REQUIRED BY ARTICLE:	TEMENTS) HAS BEEN EXAMINED BY MIT AND, TO THE BEST OF MY KNOWLEDGE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE QR			
Neil (Calderon ///	//	5-6-13			
	WRITTEN SIGNATURE OF TREA					
OUTLINED UNDER P	UBLIC ACT 78-1183. WILLFUL FAILURE TO FIL INESS OFFENSE SUBJECT TO A FINE OF UP TO	E OR WILLFUL FILING OF FALS O \$5000. THIS FORM IS IN COM	HAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS E OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL PLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.			
		OLITICAL COMMITTEES RE	TURN TO: STATE BOARD OF ELECTIONS			
e-ma	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 ail: D1@ELECTIONS.IL.GOV(D-1s ONLY)		JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60301-3232 fax: 312-814-6485 e-mail: D1@ELECTIONS.IL.GOV(D-1s ONLY)			