

**FORM** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

13 JUN 18 AM 9: 17

Full name and complete mailing address of Political Committee:

Stronger Illinois Committee 676 North Lasalle Street- Suite 324 Chicago IL 60654

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS:  CHECK HERE IF ADDRESS CHANGE 24300-12								
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED:		2.	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			

COM	MITTEE N	AME: Stronger Illinois Committee		POLITICAL COMMITTEE IDENTIFICATION No.: 24300				
8.	8. REQUIRED COMMITTEE OFFICERS.							
POSITION		NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN		Bruce Lespinasse	676 N. Lasalle Street, 254/392-1665 bkl260@hotmail.com					
TREASURER		Bruce Lespinasse	Same as above	Same as above				
9.	9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.							
Position		NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
Chairman		Bruce Lespinasse 676 N. Las		N. Lasalle Street, Chicago IL 60654 254/392-1665 bkl260@hotmail.com				
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.  (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
NAME		NAME	MAILING ADDRESS AND PHONE NUMBER					
TRANSFER TO ANOTHER POLITICAL COMMITTEE:  TRANSFER TO A CHARITABLE ORGANIZATION:  IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE 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								
ANY SOL	URCE PROVIDE MINATION FOR E	D THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT M SLECTION, ELECTION, OR RETENTION, AND FAILURE TO A	IAKE CONTRIBUTIONS OR EXPEN BIDE BY THESE REQUIREMENTS:	INIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM DITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES SHALL DEEM THIS COMMITTEE IN MOLATION OF THIS ARTICLE. (10 ILCS 5/9)				
PRIN	TED AND	WRITTEN SIGNATURE OF COMMIT		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 DESCRIBED IN THE STATEMENT OF ORGANIZATION, (III) THE COMMITTEE WAY A COEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE, AND (M) FAILURE TO ARIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.								
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DAT								
AND BE	JEF, IS ATRUE.	FATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMP)	ON AS REQUIRED BY ARTICLE 9 O	AMITTEES  MENTS) HAS BEEN EXAMINED BY NE AND, TO THE BEST OF MY KNOWLEDGE  FITHE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING & FALSE DR				
CB	wok.	LEDDINANK		6/17/13				
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE  THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUILLIFY AS A POLITICAL COMMITTEE.								
OUTLIN	IED UNDER PL	UBLIC ACT 78-1183, WILLFUL FAILURE TO FILE OR NESS OFFENSE SUBJECT TO A FINE OF UP TO \$50	WILLFUL FILING OF FALSE (	OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL IANCE WITH THE FORMS MAN AGEMENT PROGRAM ACT.				

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e-mail: D1@ELECTIONS.IL GOV(D-1s ONLY)

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