**FORM** 

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

**D-1** 

Full name and complete mailing address of Political Committee: 2613 JUL 26 At 3: 04

STATEMENTAL OF ELECTION

POLITICAL COMMITTEE IDENTIFICATION No.

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Triends to Elect Judge Chilo Al	
Friends to Elect Judge C. Kake More land 1341 W. Fullerton tre. # 373	
1 4 373	
E-MAIL ADDRESS: LCC614	
E-MAIL ADDRESS:	
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judge Kate More landa yahac. Com D CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED:	2.	AMOUNT OF FUNDS AVAILAB CREATION DATE :\$	LE 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			

COMMITTEE NAME:				POLITICAL COMMITTEE DENTIFICATION No.:		
8.	REQUIRE	ED COMMITTEE OFFICERS.				
POSITION NAME		MAILING ADDRES	MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS			
CHAIRMAN						
TRE	EASURER					
9.	POSITIO	N, NAME & MAILING ADDRESS OF I	EACH CUSTODIAN (	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
POSITION NAME		MAILING ADDRES	MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS			
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.  (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)						
NAME		<u> </u>	MAILING ADDRESS AND PHONE NUMBER			
11. 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 INFORMATIO	N IS REQUIRED, PLEA	SE 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 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 CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, 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						
PRIN	HED AND					
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 MAY ACCEPT 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 (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.						
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE						
VERIFICATION: ALL POLITICALCOMMITTEES						
I DECLARE THAT THIS STATEMENT OF ORGANIZATION (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 CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.						
		YMOKELATY	Vol	07/11/2013		
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE DATE						
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.						
ALL POLITICAL COMMITTEES RETURN TO:  STATE BOARD OF ELECTIONS						
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)			JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485			
	e-mail: <u>D1@ELECTIONS.IL.GOV(</u> D-1s ONLY)					

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