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708-343-9212



FORM

STATEMENT OF ORGANIZATION PLEASE TYPE OR PRINT IN BLACK INK

STATE BEAUTI SE ELECTION

Full name and complete mailing address of Political Committee:

Trustees for Quality Education at Triton College 1018 N Tenth Avenue Melrose Park, IL 60161

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: amy@sj-cpa.com

25350 - 10x/

-	CHECK HERE IF ADDRESS CHANGE 2000							
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED: March	19, 201		MOUNT OF FUNDS AVAILA	BLE AS OF			
3.	■ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 3C 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) Cook B. POLITICAL PARTY AFFILIATION: Nonpartisan C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
6.	to educate potential voters and support candidates							
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)							
NAME AND ADDRESS		SUPPORT	OPPOSE	OFFICE	PARTY AFFILIATION			

IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

THIS FORM MAY BE REPRODUCED

PAGE 1 OF 2

Revised 7/9/12

COMMITTEE	NAME:	POLITICAL COMMITTEE IDENTIFICATION No.:			
8. REQUIR	RED COMMITTEE OFFICERS.				
POSITION	NAME MAILING ADDR		SS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
CHAIRMAN	Donna Peluso 1018 N Tenth Ave Metrose Park. It 6 dipeluso@hotmail		16↑ 708- 602-9 989		
TREASURER	Donna Peluso 1018 N Tenth Avenue Melrose Park, IL 6018		788-602-9989		
9. POSITIO	ON, NAME & MAILING ADDRESS		OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
POSITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
			ORIES OF THE COMMITTEE FUNDS.		
L	NAME		MAILING ADDRESS AND PHONE NUMBER		
I DECLARE THAT 1915 EXPENDITURES OF THE ANY SOURCE PROVIDED FOR NOMINATION FOR MOMENTURE OF THE EXPENDITURES OF THE EXPENDITUR	VERIFICATI BALLOT INITIATIVE COMMITTEE IS PORMED FOR THE ECOMMITTE WILL BE USED FOR THE PURPOSE DE ED THAT THIS BALLOT INITIATIVE COMMITTEE DOES ELECTION SECTION, OR RETENTION, AND FAILURE WRITTEN SIGNATURE OF COM VERIFICATION: 1 IS INDEPENDENT EXPENDITURE COMMITTEE IS FOR! E COMMITTEE WILL BE USED FOR THE PURPOSED.	DMMITTEE: ZATION: ATION IS REQUIRED, PLEAS ON-BALLOTINITIATIVE COME PURPOSE OF SUPPORTING OR OPPOS SCRIBED IN THIS STATEMENT OF DROA NOT MAKE CONTRIBUTIONS OR EXPEN E TO ABDE BY THESE REQUIREMENTS: MITTEE CHAIRPERSON NDEPENDENT EXPENDITURE WED FOR THE EXCLUSIVE PLRPOSE OF ESCRIBED IN THE STATEMENT OF ORG OMMITTEE DOES NOT MAKE CONTRIBUTE	SE ATTACH ADDITIONAL SHEETS. WITTEES ONLY MITTEES ONLY MITTEES ONLY MIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS AND NIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM DITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 E.CS 5-9). DATE COMMITTEES ONLY MAKING INDEPENDENT EXPENDITURES, (II) ALL CONTRIBUTIONS AND SANIZATION, (III) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS TIONS TO ANY CANDIDATE POUNT COMMITTEE.		
PRINTED AND	WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSON	DATE		
		ICATION: ALL POLITICAL CON			
AND BELIEF, IS A TRUE	STATEMENT OF DRIGANIZATION (INCLUDING ANY ACI CORRECT, AND COMPLETE STATEMENT OF ORGAN ENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST S	SIZATION AS REQUIRED BY ARTICLE 6 O	MENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE FITHE ELECTION CODE: I UNDERSTAND THAT MILLFULLY FILING A FALSE OR		
DOUNA	PELUSO A	nde Xluse	10-17-13		
	WRITTEN SIGNATURE OF TREA				
OUTLINED UNDER R	PUBLIC ACT 78-1183. WILLFUL FAILURE TO FII	LE OR WILLFUL FILING OF FALSE (T IS NECESSARY IF YOU OUALIFY AS A POLITICAL COMMITTEE AS DRINCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL JANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		
	ALL P	POLITICAL COMMITTEES RETU			
	STATE BOARD OF ELECTIONS 2329 5 MACARTHUR BLVD		STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER		
	SPRINGFIELD, IL 62704-4503		100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232		
e-m	fax: 217-557-5630 aii: <u>D1@ELECTIONS.IL.GOV(D-1s_ONLY)</u>		fax: 312-814-6485		
e-mail: D1@ELECTIONS.IL GOV(D-1s ONLY) www.elections.il.gov PAGE 2 OF 2					
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