CHICAGO

2014 JAN 21 AM 11:58

STATE BOARD OF ELECTIONS

×3191-09



| То: | Illinois State Board of Elections | From: | Committee 23191 - 2nd Ward Democratic Org | |
|--------|-----------------------------------|-------|--|--|
| Date: | 17 January 2014 | Fax: | 877-535-2813 | |
| Pages: | 3 | Phone | <u>: </u> | |
| Re: | Statement of Organization | | | |

Comments:

Please remove Angelina Brigulio as "Director" from Committee 23191. The other listed officers have not changed.



FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

TAKE BOARD OF ELECTIONS

12 DEC 13 PM 3: 88

Full name and complete mailing address of Political Committee:

and wall benocratic org. 17e honroe ste 211

Chyo, Il 60603

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION NO 3 3 1 9

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. AMOUNT OF FUNDS AVAILABLE AS OF 1. DATE COMMITTEE CREATED: **CREATION DATE:**\$ ■ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS **BEFORE** AN ELECTION.) 3. AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.) □ REACTIVATING POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE: 4. 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: PURPOSE OF THE POLITICAL COMMITTEE. 6. 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

| 014 05:20PM CT | | 877-53 | 5-2813 PAGE 3/3 | | |
|--|--|--|---|---|------------------|
| N BETTIMMOD | | OR(| 3 | POLITICAL COMMITTEE IDENTIFICATION | N No. |
| 8. REQUIR | ED COMMITTEE OFFICERS. | | | | |
| POSITION | NAME | | MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRE | | |
| CHAIRMAN | martin L. RiHer | | 275 Si Sanguan # 910 Chao, IL 6007 | | |
| TREASURER | Armando Chac | 00 | 100°S. | Sangauon #15 1. 11. 00607 | |
| 9. POSITIO | N, NAME & MAILING ADDRESS | OF EA | CH CUSTODIAN O | F THE COMMITTEE'S BOOKS AND ACCO | TAUC |
| POSITION | NAME | | MAILING ADDRES | S, DAYTIME PHONE NUMBER, AND E-MAIL AL | ODRE |
| - Actoric | Dryelina Brigust | <u>i.12</u> | 2434 b | | bol |
| 10. LIST O | F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA | AND ATE.) | OTHER REPOSITO | DRIES OF THE COMMITTEE FUNDS. | |
| | NAME | | MAILIN | IG ADDRESS AND PHONE NUMBER | |
| | | | | | |
| EXPENDITURES OF THE ANY SOURCE, PROVICE FOR NOMINATION FOR I | VERIFICATION ALLOT INITIATIVE COMMITTEE IS FORMED FOR THE COMMITTEE WISEOFOR THE PURPOSE OES THAT THIS BALLOT INITIATIVE COMMITTEE DOES N | PURPOSE CRIBED IN NOT MAKE TO ABIDE | LOT INITIATIVE COMIN DE SUPPORTING DE OPPOS THIS STATEMENT OF DRGAI CONTRIBUTIONS DE EXPENT BY THESE REQUIREMENTS S | ING A QUESTION DE PUBLIC POLICY, ALL CONTRIBUTIONS AND NIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTE NTURES IN SUPPORT DE OR OPPOSITION TO A CANDIDATE OR CA HALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE | NOID AT |
| OECLARE THAT (I) THIS EXPENDITURES OF THE | INDEPENDENT EXPENDITURE COMMITTEE IS FORM | EO FOR T | DENT EXPENDITURE (HE EXCLUSIVE PURPOSE OF IN THE STATEMENT OF ORG | COMMITTEES ONLY MAKING INCEPENDENT EXPENDITURES, (III ALL CONTRIBUTIONS . ANIZATION, (III) THE COMMITTEE MAY ACCEPT UNLIMITED CONTR | ANO RIBUTIC |
| from any source, pr | OVIDED THAT THE INDEPENDENT EXPENDITURE CO OMMITTEE, AND (IV) FAILURE TO ABIDE BY THESE RE | MANUTTEE | DOES NOT MAKE CONTRIBUT | TIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PAR | TYCOM |
| PRINTED AND | WRITTEN SIGNATURE OF COM | VITTE | CHAIRPERSON | D.A. | ATE |
| AND BELIEF, IS A TRUE, | TATEMENT OF ORGANIZATION (INCLUDING ANY ACC | OMPANYIN ZATION AS | REQUIRED BY ARTICLE 9 OF | MITTEES ENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNO THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A R | WLEDG FALSE (|
| CMONDO PRINTED AND | Charan Armanda WRITTEN SIGNATURE OF TREA | SURE | OR CANDIDATE | 12-lo | -1.2 TE |
| THE ILLINOIS STATE | BOARD OF ELECTIONS REQUIRES THE DISC JBLIC ACT 78-1183. WILLFUL FAILURE TO FILE NESS OFFENSE SUBJECT TO A FINE DF UP TO | CLDSURE E OR WIL O \$5000. | OF INFORMATION THAT LFUL FILING OF FALSE O THIS FORM IS IN COMPLI | IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMM R INCOMPLETE INFORMATION REQUIRED BY THIS ARTIC NICE WITH THE FORMS MANAGEMENT PROGRAM ACT. | ATTEE LE SH |
| e-ma | STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 ii: D1@ELECTIONS.IL.GOV(D-1s ONLY) | DLITICA | COMMITTEES RETUR | 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@ELECTIONS.IL.GCV(D-1s ONLY) | |