

FORM

STATEMENT OF ORGANIZATION

FOR OFFICE USE ONLY HICAGO

PLEASE TYPE OR PRINT IN BLACK INK 2014 FEB 10 AM 7: 52

Full name and complete mailing address of Political Committee:

FRIENDS OF BARRETT PEDERSEN 9701 W. GRAND AVE. FRANKLIN PARK, IL. 60131-3358

STATE BOARD OF ELECTIONS

POLITICAL COMMITTEE

E-MAIL ADDRESS:

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1500	1			γ	

	\Box CHECK HERE IF ADDRESS CHANGE $15091 - \bigcirc \bigcirc$						
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED:		AMOUNT OF FUNDS AV	AILABLE 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: FRANKLIN PARK MAYOR 2017 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. BOUTTON, BARTY AFFILIATION.						
	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 SUPPOR	OPPOSE	OFFICE	PARTY AFFILIATION			

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

COMMITTEE NAME: FRIENDS OF BARRETT PEDERSEN			SEN	POLITICAL COMMITTEE IDENTIFICATION No.:		
8. REQUIRED COMMITTEE OFFICERS.						
Þ	OSITION	NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
(CHAIRMAN					
TR	EASURER					
9.	POSITIO	N, NAME & MAILING ADDRESS O	FEACH CUSTODIAN	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
PC	NOITIEC	NAME	MAILING ADDRE	SS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
10.		FALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA		ORIES OF THE COMMITTEE FUNDS.		
	(tr VINE	NAME		NG ADDRESS AND PHONE NUMBER		
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 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 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, OR RETENTION AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 50)						
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE C			ITTEE CHAIRPERSON	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 OR GANIZATION, (II) 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 OF POLITICAL ACTION COMMITTEE, AND (IV) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VOLATION OF THIS ARTICLE.						
PRIN	ITED <u>AND</u>	WRITTEN SIGNATURE OF COMM	ITTEE CHAIRPERSON	DATE		
VERIFICATION: <u>ALL POLITICAL COMMITTEES</u>						
I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE 86ST 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.						
Andres Ybarra Off-the				2/8/14		
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE 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. WILLFULFAILURE TO FILE OR WILLFULFILL 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.						
CONS	ALL POLITICAL COMMITTEES RETURN TO:					
	e-ma	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 il: D1@ELECTIONS.IL.GOV(D-16 ONLY)		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: <u>D1@ELECTIONS.IL.GOV(D-1s ONLY)</u>		