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FORM D-1	STATEMENT OF ORGANIZATION	For Office Use Only
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Full name and complete mailing address of Political Committee:

Friends of Dr. Tom Rudd
736 N. Western Avenue
PMB #239
Lake Forest, IL 60045

Email Address: tomrudd@comcast.net

Check here if Address Change

POLITICAL
COMMITTEE
IDENTIFICATION NO:
Candidate 24165 - 8

1. DATE COMMITTEE CREATED: September 19, 2016 2. AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF CREATION DATE: \$885.72

3. NEW COMMITTEE REACTIVATING AMENDMENT: (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)

4. POLITICAL COMMITTEE'S DESIGNATION:

ALL COMMITTEES CHOOSE ONE

- CANDIDATE POLITICAL COMMITTEE *
- POLITICAL ACTION COMMITTEE
- POLITICAL PARTY COMMITTEE
- BALLOT INITIATIVE COMMITTEE
- INDEPENDENT-EXPENDITURE-ONLY PAC **

* For purposes of contribution limits and reporting requirements a single 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:

** May not make direct contributions or coordinated expenditures

6. 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)

Lake

B - POLITICAL PARTY AFFILIATION: Democratic

C - NAME AND ADDRESS OF EACH SPONSORING ENTITY: _____

6. PURPOSE(S) OF THE POLITICAL COMMITTEE

Elect Thomas Rudd Coroner of Lake County, IL

7. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING.

NAME AND ADDRESS	SUPPORT/OPOSE	OFFICE	PARTY AFFILIATION
Thomas Rudd 736 N. Western Avenue Lake Forest, IL 60045	SUPPORTS	Coroner, Lake County	Democratic

NAME OF POLITICAL COMMITTEE
Friends of Dr. Tom Rudd

POLITICAL
COMMITTEE
IDENTIFICATION NO.
Candidate 24165

8. REQUIRED COMMITTEE OFFICERS

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND EMAIL ADDRESS
Chairperson	Thomas Rudd	736 N. Western Avenue PMB #239 Lake Forest, IL 60045 8475022056 tomrudd@comcast.net
Treasurer	Thomas Rudd	736 N. Western Avenue PMB #239 Lake Forest, IL 60045 8475022056 tomrudd@comcast.net

9. POSITION, NAME, & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND EMAIL ADDRESS
Treasurer	Thomas Rudd	736 N. Western Avenue PMB #239 Lake Forest, IL 60045 8475022056

10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.

NAME	MAILING ADDRESS AND PHONE NUMBER
Lake Forest Bank and Trust Company	727 North Bank Lane Lake Forest, IL 60045 8472342882

11. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:

TRANSFER TO ANOTHER POLITICAL COMMITTEE: Friends of Scott Drury

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

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON

DATE

VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY

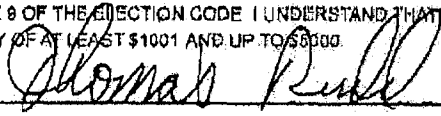
I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED 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

NAME OF POLITICAL COMMITTEE Friends of Dr. Tom Rudd	POLITICAL COMMITTEE IDENTIFICATION NO: Candidate 24165
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PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON	DATE
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VERIFICATION: ALL POLITICAL COMMITTEES

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 8 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.



6/17/17

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE	DATE
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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

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS
2328 S. MACARTHUR BLVD
SPRINGFIELD IL 62704-4503
fax: 217-557-5530

STATE BOARD OF ELECTIONS
JAMES R THOMPSON CENTER
100 W. RANDOLPH ST, STE 14-100
CHICAGO IL 60601-3232
fax: 312-814-8485

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