

MAR-14-2006 13:53

STATE BOARD OF ELECTIONS

217 782 5959 P.02



NON-PROFIT STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Non-Profit Organization:

Northern Illinois Building Contractors Association
1111 S. Alpine Road, Suite 202
Rockford, IL 61108

THIS FORM MAY BE
TRANSMITTED BY FAX.
THE ORIGINAL MUST
BE FORWARDED ON
THE DAY OF FAX
TRANSMITTAL.

E-MAIL ADDRESS:

Glen@nibca.net

ORGANIZATION
IDENTIFICATION NO.

 CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1. DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD: 3-10-06
2. NEW ORGANIZATION AMENDMENT
(MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)
3. PURPOSE(S) OF THE ORGANIZATION:
Public Relations
4. REQUIRED ORGANIZATION OFFICERS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	John Fridh	920 22nd Street, Rockford, Illinois 61108
TREASURER	Joel Sjostrom	1129 Harrison Avenue, Rockford, Illinois 61104

5. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE ORGANIZATION'S BOOKS AND ACCOUNTS.
(IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
Bookkeeper	Pat Lamb	1111 S. Alpine Rd., #202, Rockford, IL 61108 (815) 229-5636 Pat @nibca.net
Accountant	John Roche	Lindgren Callihan Van Osdol, 4949 Harrison Ave. Rockfor IL 61108 (815) 399-7987

VERIFICATION

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 A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

John Fridh

PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

3/15/06
DATE

THE STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A NON-PROFIT ORGANIZATION AS OUTLINED UNDER PUBLIC ACT 90-737 AS AMENDED BY PUBLIC ACT 94-045. 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.

NON-PROFIT ORGANIZATIONS SHALL RETURN THIS FORM TO:
STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, IL 62704-2924