



NON-PROFIT ORGANIZATION STATEMENT OF REGISTRATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

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

Stand for Children, Inc.
516 SE Morrison Street, Suite 410
Portland, OR 97214

THIS FORM MAY BE
TRANSMITTED BY FAX:
217-782-5959
THE ORIGINAL MUST
BE FORWARDED ON
THE DAY OF FAX
TRANSMITTAL.

E-MAIL ADDRESS: admin@stand.org

ORGANIZATION
IDENTIFICATION NO.

CHECK HERE IF ADDRESS CHANGE

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

1. DATE THE ORGANIZATION EXCEEDED \$5000 THRESHOLD: 10/6/2010

2. NEW ORGANIZATION AMENDMENT
(MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)

3. PURPOSE(S) OF THE ORGANIZATION:
To use the power of grassroots action to help all children get the excellent public education and strong support they need to thrive.

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	Jonah Edelman	516 SE Morrison Street, Suite 420 Portland, OR 97214 503-235-2305 admin@stand.org
TREASURER	Leslie Weber	516 SE Morrison Street, Suite 420 Portland, OR 97214 503-235-2305 admin@stand.org

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
Treasurer	Leslie Weber	516 SE Morrison Street, Suite 420 Portland, OR 97214 503-235-2305

VERIFICATION

I DECLARE THAT THIS STATEMENT OF REGISTRATION (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 REGISTRATION 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.

Leslie Weber *Leslie Weber*

10/20/2010

PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

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 94-645. 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**