**FORM** 

**D-1** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

JUL 15 PM 2:45

STATE ARD OF ELECTIONS

Full name and complete mailing address of Political Committee:

People for Laura Fitzpatrick 348 S Lewis Ave Lombard, IL 60148-2935

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REISSHED 744A

L 14457

E-MA	AIL ADDRESS:	POLITICAL COMMITTEE IDENTIFICATION No					
	CHECK HERE IF ADDRESS CHANGE						
	SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.						
1.	DATE COMMITTEE CREATED: 12/3/2007 2 AMOUNT OF FUNDS A	VAILABLE AS OF					
3.	LI NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS						
4.	POLITICAL COMMITTEE'S DESIGNATION:  ALL COMMITTEES CHOOSE ONE:  CANDIDATE POLITICAL COMMITTEE*  POLITICAL ACTION COMMITTEE  POLITICAL PARTY COMMITTEE  BALLOT INITIATIVE COMMITTEE  *For purposes of contribution limits and reporting requirements a single Candidate Political Commultiple offices elected at different elections must designate an election cycle by listing the appropriate to the community of the commun	TTEE L COMMITTEE TTEE					
	A. THIS COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION.  A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTY(IES) OR DISTR (not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives)  DUPAGE COUNTY DISTRICT  B. POLITICAL PARTY AFFILIATION: REPUBLICAN  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:						
6.	PURPOSE OF THE POLITICAL COMMITTEE.						
7.	FOR THE SUPPORT OF RUNWAGF	FOR COUNTY BOA					
<u>' ·                                     </u>	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST	ALL AS OF TODAY'S DATE					
NAME AND ADDRESS SUPPORT OPPOSE							

NAME AND ADDRESS

SUPPORT OPPOSE

OFFICE

PARTY AFFILIATION

LAURA FITZPATRICE

DUPAGE

DIST, 2

CON	WINIT I EE IV	IAIVIE.			FULLITUAL CONTINUE FOR THE TOTAL TOTAL TOTAL			
8.	8. REQUIRED COMMITTEE OFFICERS.							
POSITION		NAME		MAILING ADDRESS	SS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN		LAURA FITZPATRICK		348 SLEWIS (630) 6272453				
TREASURER		KENIN FITZPATRICK		348 & LEWIS 630621263 Shi global, Net				
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS								
POSITION		NAME			S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
		KEVIN FITZATRICK	FATRICK 18MB		18 630 627 2653			
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.								
INLA	ND BA	NAME	83		STANCE AVE			
11. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:  RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.  TRANSFER TO ANOTHER POLITICAL COMMITTEE:  TRANSFER TO A CHARITIBLE 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 VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)								
PRINT	ED <u>AND</u> W	RITTEN SIGNATURE OF COMM	ITTEE (	CHAIRPERSON	DATE			
I DECLAI	RE THAT THI	VERIFICATION: <u>ALL POLITICAL</u> S STATEMENT OF ORGANIZATION (INC	COMMIT CLUDING F, IS A TR RSTAND	TEES INCLUDING BALI ANY ACCOMPANYING UE, CORRECT, AND C THAT WILLFULLY FILIN	G SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED COMPLETE STATEMENT OF ORGANIZATION AS ING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT			
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE  DATE								
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.  ALL POLITICAL COMMITTEES RETURN TO:								
s	PO B 1020 S : PRINGFIEL fax: 217	OX 4187 JA SPRING ST 100 D, IL 62708-4187 7-557-5630	TATE BO MES R. W RAN CHICAC fax:	OMMITTEES RETURN DARD OF ELECTION THOMPSON CENTE DOLPH ST, STE 14-1 GO, IL. 60601-3232 312-814-6485 CTIONS.IL.GOV(D-1s	LOCAL POLITICAL COMMITTEES AND ER STATE & LOCAL POLITICAL COMMITTEES RETURN ORIGINAL TO: STATE BOARD OF ELECTIONS			