

**FORM** 

**D-1** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY
STATE 80 ARD OF STEEDTIONS

11 FER - 4 AN 8: 95

Full name and complete mailing address of Political Committee:

Friends of Steve Morley 662 Fern Ct Elmhurst, IL 60126

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: smorley@marketingresources.com

CHECK HERE IF ADDRESS CHANGE

1	22/-	. ~
0	3355-	Id

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE  1. DATE COMMITTEE CREATED: 2/2/11  2. AMOUNT OF FUNDS AVAILABLE AS CREATION DATE :\$0							
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							
POLITICAL PARTY COMMITTEE  BALLOT INITIATIVE COMMITT  *For purposes of contribution limits and reporting requirements a single Candidate Political Committee supporting	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 Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is:						
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)  DuPage County  B. POLITICAL PARTY AFFILIATION: Non-Partisan  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: N/A							
PURPOSE OF THE POLITICAL COMMITTEE.  To re-elect Steve Morley to the Elmhurst City Council							
CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)							
NAME AND ADDRESS SUPPORT OPPOSE OFFICE PART	Y AFFILIATION						
Steve Morley 662 Fern Ct. Elmhurst, IL 60126	rtisan						

COMMITTEE NAME: Friends of Steve Morley			POLITICAL COMMITTEE IDENTIFICATION No.:		
8.	REQUIRE	ED COMMITTEE OFFICERS.			
P	OSITION	NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS	
CHAIRMAN		Steve Morley	312-310-9890	662 Fern Ct. Elmhurst, IL 60126 312-310-9890 smorley@marketingresources.com	
TREASURER		Steve Morley	312-310-9890	662 Fern Ct. Elmhurst, IL 60126 312-310-9890 smorley@marketingresources.com	
9.	9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.				
P	OSITION	NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS	
N/A					
10.	LIST OF	FALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA	AND OTHER REPOSITO	ORIES OF THE COMMITTEE FUNDS.	
		NAME	MAILIN	MAILING ADDRESS AND PHONE NUMBER	
4.4	1				
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 INFORMAT	ION IS REQUIRED, PLEAS	E ATTACH ADDITIONAL SHEETS.	
POLIC ORGA COMM NOMI	Y, ALL CONT NIZATION, TH MITTEE DOES NATION FOR I	HIS <u>BALLOT INITIATIVE COMMITTEE</u> IS F RIBUTIONS AND EXPENDITURES OF THE HE COMMITTEE MAY ACCEPT UNLIMITED NOT MAKE CONTRIBUTIONS OR EXPENI	ECOMMITTEE WILL BE USED CONTRIBUTIONS FROM AN DITURES IN SUPPORT OF OF	OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC OF THE PURPOSE DESCRIBED IN THIS STATEMENT OF Y SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE OPPOSITION TO A CANDIDATE OR CANDIDATES FOR HESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN	
57	Teve '	Morler	1 ////////IDE	2/3/11	
PRINTED AND WRITTEN SIGNATURE OF COMMETTEE CHAIRPERSON DATE					
BY ME REQU	EAND, TO THE IRED BY ARTI	E BEST OF MY KNOWLEDGE AND BELIEF	LUDING ANY ACCOMPANYIN , IS A TRUE, CORRECT, AND RSZÁMO THAT WILLFULLY FII	LLOT INITIATIVE COMMITTEES  IG SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED COMPLETE STATEMENT OF ORGANIZATION AS LING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT	
5	reve 1	Morley M	MAMAGA	2/3/11	
THE IL	INOIS STATE E	BLIC ACT 78-1183. WILLFUL FAILURE TO FILE ( ESS OFFENSE SUBJECT TO A FINE OF UP TO	OSURE OF INFORMATION THAT OR WILLFUL FILING OF FALSE O \$5000. THIS FORM IS IN COMPLIA	DATE  IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS R INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL ANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.	
	a11	ALL POL STATE BOARD OF ELECTIONS PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 fax: 217-557-5630	ITICAL COMMITTEES RETUR	STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6648	