## **FORM**

**D-1** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

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FOR OFFICE USE ONLY

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STATE BOARD OF ELECTIONS

Full name and complete mailing address of Political Committee:

Friends of Mark Battaglia 2237 West Madison Street, Unit 2W Chicago, Illinois 60612

E-MA	IL ADDRESS:		LITICAL COMMITTEE IDENTIFICATION No.						
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.				AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE:\$ \$ \$2.00					
3.	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								
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 <b>Candidate Political Committee</b> supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is:  Judge of the Circuit Court of Cook County								
5.	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)  Cook County, Illinois								
	B. POLITICAL PARTY AFFILIATION: Democratic								
	C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:								
6.	PURPOSE OF THE POLITICAL COMMITTEE.  To help elect Mark Battaglia to any office for which he seeks election								
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
NAME AND ADDRESS SUPPORT O			OPPOSE	OFFICE	PARTY AFFILIATION				
Mark Battaglia 2237 West Madison Street, Unit 2W Chicago, Illinois 60612		<b>V</b>		Judge of the Circuit Court of Cook County	Democratic				

COMMITTEE NAME: Friends of Mark Battaglia					POLITICAL COMMITTEE IDENTIFICATION NO				
8.	REQUIRED COMMITTEE OFFICERS.								
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN		Wendy Battaglia		2237 West Madison Street, Unit 2W Chicago, Illinois 60612					
TREASURER		Wendy Battaglia		2237 West Madison Street, Unit 2W Chicago, Illinois 60612					
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.									
POSITION		NAME		MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS					
CHAIRMAN		Chica			237 West Madison, Unit 2W hicago, Illinois 60612 17-452-9070				
10.	10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
		NAME		MAILIN	IG ADDRESS AND PHONE NUMBER				
Beverl	y Bank & T	rust Company N.A.	Chicag	8 South Western Avenue ago, Illinois 60643 239-2265					
	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 NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)									
a Wardi Battaglia October 21, 2011									
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE									
VERIFICATION: ALL POLITICALCOMMITTEES INCLUDING BALLOT INITIATIVE 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 9 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.									
Work Buttaglia Mark Battaglia October 21, 2011									
		WRITTEN SIGNATURE OF TREAS			DATE				
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 TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.									
ALL POLITICAL COMMITTEES RETURN TO:  STATE BOARD OF ELECTIONS  STATE BOARD OF ELECTIONS									
		PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 fax: 217-557-5630		JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485					
	e-ma	il: D1@ELECTIONS.IL.GOV(D-1s ONLY)			e-mail: D1@ELECTIONS.IL.GOV (D-1s ONLY)				

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