**FORM** 

## STATEMENT OF ORGANIZATION 12 JAN -9 AM 9: 12 PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS

Full name and complete mailing address of Political Committee:

6309531972

Friends of Tim Whelan 442 Sunnyside Avenue Wheaton, IL 60187

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: tpwlaw@comcast.net

21LIND 8

CHECK HERE IF ADDRESS CHANGE V 7100-0									
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED: 12/16/201	1	2.	AMOUNT OF FUNDS A CREATION DATE :\$ 25					
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  *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:								
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/apposing statewide candidates or belief initiatives)  DIPAGE (OUNT A FOLLOW PRODUCTS  B. POLITICAL PARTY AFFILIATION: Republication  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: FRIENDS OF TIME WHELAN  442 - Sunnyside Are Wheaten, IT 60187								
6.	PURPOSE OF THE POLITICAL COMMITTEE.  Elect Tim Whelan Forest Preserve Commissioner District 4								
7.	7. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME AND ADDRESS	SUPPORT	OPPOSI	OFFICE	PARTY AFFILIATION				
Tim Whelan 518 Robinwood lane Wheaton, IL 60189		<b>V</b>		Forest Preserve Commmissioner	Republican				
	15 MODE OB 405 500 IN 500 M								

COM	MITTEE N	AME: Friends of Tim Whelan			POLITICAL COMMITTEE IDENTIFICATION No.: 24102				
8.	REQUIR	REQUIRED COMMITTEE OFFICERS.							
P	OSITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN		Randall W. Smith		442 Sunnyside Ave. Wheaton, IL 60189 630-643-4181					
TREASURER		Gary Fernandez		1200 Roosevelt Road Suite 150 Glen Ellyn, IL 60137					
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EA	CH CUSTODIAN C	F THE COMMITTEE'S BOOKS AND ACCOUNTS.				
POSITION		NAME	_	MAILING ADDRES	S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
Тгеязигег		Gary Fernandez		1200 Roosevelt Roa Glen Ellyn, IL 60137					
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.  (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)									
		NAME		MAILIN	NG ADDRESS AND PHONE NUMBER				
Comm	nunity Bank o	of Wheaton-Glen Ellyn	357 R	oosevelt Road Glen B	Ellyn, IL 60137-5644				
	RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.  TRANSFER TO ANOTHER POLITICAL COMMITTEE:  TRANSFER TO A CHARITIBLE ORGANIZATION:								
				···	SE 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)									
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE									
FRIN	O EU AND				DATE DATE				
VERIFICATION: ALL POLITICAL COMMITTEES 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. IT									
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 CUALIFY AS A POLITICAL COMMITTEE AS CUTLINED UNDER PUBLIC ACT 78-1193. 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				JAMES R. THOMPSON CENTER 100 W RANDOLPH ST. STE 14-100					
SPRINGFIELD, IL 62708-4187 fax 217-557-5630				CHICAGO, II 60601-3232 fax; 312-814-6485					
e-mail: D1@ELECTIONS : GOV(D-1s ONLY)					e-mail: D1@ELECTIONS.IL.GOV(D-1: ONLY)				