

**FORM** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

SFOR OFFICE USE ONLYIONS

12 MAR 29 AM II: 06

Full name and complete mailing address of Political Committee:

INA-PAC (SNAPI) 105 W. Adams Ste 1420 CHICAGO, IL GOGOZ

POLITICAL COMMITTEE IDENTIFICATION No. 596-13

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

DRESS CHANGE /

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAILA	ABLE AS OF			
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 COMMITTES CHOOSE ONLY ONE:  CANDIDATE POLITICAL COMMITTEE*  *For purposes of contribution limits and reporting requirements a 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 ACTION COMMITTEE  POLITICAL PARTY COMMITTEE  BALLOT INITIATIVE COMMITTEE  INDEPENDENT-EXPENDITURE-ONLY PAC***  *** May not make direct contributions or coordinated expenditures.							
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)							
	B. POLITICAL PARTY AFFILIATION:							
	C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
6.	PURPOSE OF THE POLITICAL COMMITTEE.							
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)							
	NAME AND ADDRESS	SUPPORT	OPPOS	OFFICE	PARTY AFFILIATION			

CON	MITTEE N	AME: IN A-PAC (SNAPI)	!	POLITICAL COMMITTEE IDENTIFICATION No.: 594			
8.	REQUIRE	ED COMMITTEE OFFICERS.					
P	POSITION NAME		MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN							
TREASURER							
9.	POSITIO	N, NAME & MAILING ADDRESS (	OF EACH CUSTODIAN C	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION		NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRE			
10.	10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.  (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)						
NAME			MAILING ADDRESS AND PHONE NUMBER				
11.	DISPOS	ITION OF RESIDUAL FUNDS IN	THE EVENT OF DISSOL	UTION OR TERMINATION OF THE COMMITTEE:			
	RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.						
	☐ TRA	NSFER TO ANOTHER POLITICAL CO	MMITTEE:				
	☐ TRAI	NSFER TO A CHARITIBLE ORGANIZA	ATION:				
		IF MORE SPACE FOR INFORMA	TION IS REQUIRED, PLEAS	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)							
PRIN	ITED AND	WRITTEN SIGNATURE OF COMM	ITTEE CHAIRPERSON	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.  **Chard** 3							
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 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 2329 S MACARTHUR BLVD	JAMES R. THOMPSON CENTER				
SPRINGFIELD, IL 62704-4503 fax: 217-557-5630			100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232				
e-mail: <u>D1@ELECTIONS.IL.GOV(</u> D-1s ONLY)			fax: 312-814-6485 e-mail: <u>D1@ELECTIONS.iL.GOV(</u> D-1s ONLY)				