

1.

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

12 240 -0 34 5:26

Full name and complete mailing address of Political Committee:

Stand For Children Illinois PAC 850 W Jackson Blvd Suite 330 Chicago, IL 60607

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: admin@stand.org

L ADDRESS; admin@stand.org	22913 ~ //					
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.						
TE COMMITTEE CREATED: 2 AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$			VAILABLE AS OF			
NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF BEFORE AN ELECTION.)	F CRE	EATION OR WITHIN 2 DAY:	S IF CREATED WITHIN 30 DAYS			

3.	AMENDMENT (MUST BE FILED WITHIN 10 OAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1
	ON FILE.)
	REACTIVATING

	REACTIVATING				
4.	POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES 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:	
PURPOSE OF THE POLITICAL COMMITTEE.	-

6.	PORPOSE OF THE POLITICAL COMMITTEE.
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S OATE.)

NAME AND AODRESS	SUPPORT	OPPOSE	OFFICE	PARTY AFFILIATION
	}			

COMMITTEE NAME: Stand For Children Illinois PAC				POLITICAL COMMITTEE IDENTIFICATION No.: 22913		
8.	8. REQUIRED COMMITTEE OFFICERS.					
P	OSITION	NAME	MAILING ADDRES	S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
CHAIRMAN Mimi Rodman		Chicago, IL 60607	850 W Jackson Blvd Suite 330 Chicago, IL 60607 312-626-2604 admin@stand.org			
TF	TREASURER					
9.	POSITIO	N, NAME & MAILING ADDRESS OF E	ACH CUSTODIAN C	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
P	OSITION	NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
10		F ALL FINANCIAL INSTITUTIONS AND NOTING, LIST ALL AS OF TODAY'S DATE.)	OTHER REPOSIT	ORIES OF THE COMMITTEE FUNDS.		
		NAME	MAILIN	NG ADDRESS AND PHONE NUMBER		
11.	DISPOS	SITION OF RESIDUAL FUNDS IN THE	EVENT OF DISSOL	UTION OR TERMINATION OF THE COMMITTEE:		
	RET	URN TO CONTRIBUTORS IN AMOUNTS N	OT TO EXCEED THE	R INDIVIDUAL CONTRIBUTIONS.		
		NSFER TO ANOTHER POLITICAL COMMIT				
<u> </u>	L] TRA	NSFER TO A CHARITIBLE ORGANIZATION	N:			
		IF MORE SPACE FOR INFORMATION	IS REQUIRED, PLEAS	SE ATTACH ADDITIONAL SHEETS.		
			ALLOT INITIATIVE COM			
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 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 OF CANDIDATES FOR NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEFINITING COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/8)						
DDU	ITED AND	WRITTEN SIGNATURE OF COMMITT	EE CHAIDDEDEON	O A TE		
- FKI	TED AND			DATE		
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COVMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORSANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CAUDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.						
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE						
VERIFICATION: ALL POLITICAL 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 DIFFCTION CODE. FUNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.						
	ameli			8/1/2012		
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE A						
OUTIL	NED UNDER PL	JBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR W NESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000	VILLEUIL FILING OF FALSE (D. THIS FORM IS IN COMPLI	OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL ANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		
			AL COMMITTEES RETU	STATE BOARD OF ELECTIONS		
		STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD		JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100		
		SPRINGFIELD. IL 62704-4503 fax: 217-557-5630		CHICAGO, IL. 60601-3232		
	e-ma	il: D1@ELECTIONS.IL.GOV(D-1s ONLY)		fax: 312-814-6485 e-mail: <u>D1@ELECTIONS.IL.GOV(</u> D-1s ONLY)		