

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

FOR OFFICE USE ONLYS

12 OCT -9 AH 8: 23

Full name and complete mailing address of Political Committee:

Citizens for Pineda Mayor of West Chicago c/o 402 Harrison Street West Chicago, IL 60185

POLITICAL COMMITTEE

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

IDENTIFICATION No. 1602 -

1.	DATE COMMITTEE CREATED: 10/10/	/12	2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$300.00	BLE 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 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: Mayor, City of West Chicago 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) DuPage County								
	B. POLITICAL PARTY AFFILIATION: Municipal-Partisan								
	C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: Not Applicable								
6.	PURPOSE OF THE POLITICAL COMMITTEE.								
0.	To Support Ruben Pineda for Mayor								
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME AND ADDRESS	SUPPORT	OPPOS	E OFFICE	PARTY AFFILIATION				
Ruben Pineda		V		Mayor, City of West Chicago	Municipal-Partisan				
									

COM	MITTEE N	AME: Citizens for Pineda			POLITICAL COMMITTEE IDENTIFICATION No.:			
8.	REQUIR	ED COMMITTEE OFFICERS.		· · · · · · · · · · · · · · · · · · ·				
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN		Crystal Kwasman		1053 Trillium Trail, West Chicago, IL 60185				
TREASURER		Melissa Birch		824 E. Elmwood Avenue, West Chicago, IL 60185 411 E. Grand Lake Blvd				
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.								
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS				
Treasurer					1 E. Elmwood Avende, West Chicago, IL 60185 11 E COVANO CAKE BIVO			
10.	1	F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA		OTHER REPOSIT	ORIES OF THE COMMITTEE FUNDS.			
		NAME		MAILIN	IG ADDRESS AND PHONE NUMBER			
State Bank of Illinois-West Chicago			600 E. V	00 E. Washington Street, West Chicago, IL 60185				
EXPENI ANY SO FOR NO	ARE THAT THIS BEDITURES OF THE URCE, PROVIDE DIMINATION FOR I	VERIFICATION VE	TION IS DN- BAL PURPOSE CRIBED IN NOT MAKE TO ABIDE	S REQUIRED, PLEAS LOT INITIATIVE COMP DE SUPPORTING OR DPPOS ITHIS STATEMENT OF ORCA CONTRIBUTIONS OR EXPEN BY THESE REQUIREMENTS	BE ATTACH ADDITIONAL SHEETS. MITTEES ONLY SING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND NIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM DITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)			
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 COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION. (iii) THE COMMITTEE MAY A CCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTED OR POLITICAL ACTION COMMITTEE, AND (w) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.								
PRIN	ITED AND	WRITTEN SIGNATURE OF COM	MITTE	E 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 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.								
		BIYCH WELLEN WRITTEN SIGNATURE OF TREA	" "	MUNU ROR CANDIDATE	October <u>7</u> , 2012			
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.								
	e-ma	ALL POSTATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 sil: D1@ELECTIONS.IL.GOV(D-1s ONLY)	OLITICA	L COMMITTEES RETU	RN TO: STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: D1@ELECTIONS IL. GOVID-15 ONLY)			