FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

CHICAGO

2012 OCT 23 AM 9: 46

STATE GOARD OF ELECTIONS

Full name and complete mailing address of Political Committe
--

CITIZENS FOR REED REC CENTER.
- 2504 CHERBECK LUNE
WEST Chicago, IL 60185

E-MAIL ADDRESS:
photocorrectory green and the CHECK HERE IF ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION No.

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED: 9/1	1/12	- 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 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) WEST ChichCo Park District of Dupace County B. POLITICAL PARTY AFFILIATION: NAME AND ADDRESS OF EACH SPONSORING ENTITY:								
6.	PURPOSE OF THE POLITICAL COMMITTEE.								
O.	Promote PASSACE	of Rec	reut	ion Center Ini	tiative				
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				

1	MITTEE N				POLITICAL COMMITTEE IDENTIFICATION No.:			
	<u>iT12e</u> ,	ns for REED R	ec	center	2954212			
8.	REQUIR	ED COMMITTEE OFFICERS.						
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS				
CHAIRMAN MASS FUENCE TOO		l		0811012000 21 11 - 6015 601 168 665				
*TRI	XTREASURER CONTRACTOR			ACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.				
9.	POSITIO	N, NAME & MAILING ADDRESS O	FEA	CH CUSTODIAN OF	THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
10.		F ALL FINANCIAL INSTITUTIONS A NDING, LIST ALL AS OF TODAY'S DAT		OTHER REPOSITO	RIES OF THE COMMITTEE FUNDS.			
		NAME			G ADDRESS AND PHONE NUMBER			
5 7	tate 6	bank of Illinois	le	CO EAST W	Ashington St.			
_			U	Jest Chicas	30, IIL 60185 630-231-1860			
RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS. TRANSFER TO ANOTHER POLITICAL COMMITTEE: TRANSFER TO A CHARITIBLE ORGANIZATION: FOUNDATION 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)								
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PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE								
		VERIFICATION: INC	EPE	NDENT EXPENDITURE C	COMMITTEES ONLY			
EXPEND FROM A	ITURES OF THE NY SOURCE, PR	COMMITTEE WILL BE USED FOR THE PURPOSE DESC	RIBED MITTEE	IN THE STATEMENT OF ORGA DOES NOT MAKE CONTRIBUT	MAKING INDEPENDENT EXPEN DITURES, (ii) ALL CONTRIBUTIONS AND NUZATION, (iii) THE COMMITTEE MAY A CCEPT UNLIMITED CONTRIBUTIONS IONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, ITEE IN VIOLATION OF THIS ARTICLE.			
-1	(Muy		$K\check{m{\epsilon}}$	KJENPO MA				
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 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.								
	7-	Sand	L	arry Pani	sard 8/28/12			
PRIN	TED AND	WRITTEN SIGNATURE OF TREAS	URE	ROR 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.								
	e-ma	ALL POL STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 il: D1@ELECTIONS.IL.GOV(D-1s ONLY)	<u>ITICA</u>	AL COMMITTEES RETUR	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.GOV(D-1s ONLY)			

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