

FORM

STATEMENT OF ORGANIZATION

FOR OFFICE USE ONLY

CHICAGO

PLEASE TYPE OR PRINT IN BLACK INK

2012 DEC -4 PM 2:48

Full name and complete mailing address of Political Committee:

SAME BOARD OF BLID HONS

Friends of Proco Joe Moreno 1330 N. Leavitt Chicago, IL 60622

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS; irismillan828@gmail.com

$\Box$ check here if address change $20809-\bigcirc$ $\bigcirc$										
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.										
1.	DATE COMMITTEE CREATED:			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)  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	OPPOSE	OFFICE	PARTY AFFILIATION					

IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

COM	MITTEE N	AME: Friends of Proco	Jo	e Moreno	POLITICAL COMMITTEE IDENTIFICATION No.:		
8.	REQUIR	ED COMMITTEE OFFICERS.	<del></del> .				
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN		Proco Joe Moreno		1330 N. Leavitt St. Chicago, IL 60622 708.721.8999 - 1stwardmoreno@gmail.com			
TREASURER		Iris J. Millan		2517 W. Cortez Street Chicago, IL 60822 - 773.727.8330 - irismillan828@gmail.com			
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND							
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
La Liero		E ALL EINANCIAL INSTITUTIONS	AND	OTHER REPOSIT	ORIES OF THE COMMITTEE FUNDS.		
10.		NDING, LIST ALL AS OF TODAY'S DA		OTHER REPOSITI	SKIEG OF THE COMMITTEE FUNDS.		
		NAME		MAILING ADDRESS AND PHONE NUMBER			
DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:  RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.  TRANSFER TO ANOTHER POLITICAL COMMITTEE:  TRANSFER TO A CHARITABLE ORGANIZATION:  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 FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE MAY ACCEPT UNUMITED 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, 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							
FROM A	NTURES OF THE NY SOURCE, PR	EINDEPENDENT EXPENDITURE COMMITTEE IS FORM	ED FOR T SCRIBED I MMITTEE	NITHE STATEMENT OF ORC DOES NOT MAKE CONTRIBU	MAKING INDEPENDENT EXPENDITURES, (II) ALL CONTRIBUTIONS AND SANIZATION, (III) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS TIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTE		
PRIN	TED AND	WRITTEN SIGNATURE OF COMM	AITTE	CHAIRPERSON	DATE		
AND BE	LIEF, IŞATRUE,	TATEMENT OF ORGANIZATION (INCLUDING ANY ACC	OMPANYII ZATION AS	B REQUIRED BY ARTICLE 9 O	IMITTEES  MENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE FITHE ELECTION CODE: I UNDERSTAND THAT WILLFULLY FILING A FALSE OR		
	I kii	A. Millan			12/4/12.		
THE ILL	LINOIS STATE	UBLIC ACT 78-1183. WILLFUL FAILURE TO FILE NESS OFFENSE SUBJECT TO A FINE OF UP TO	LOSURE OR WIL 55000.	OF INFORMATION THA	T IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL ANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		
	e-ma	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax 217-557-5630 iii: D1@ELECTIONS.IL GOV(D-1s ONLY)	rai HUM	SOMMET LES NETU	STATE BOARD OF ELECTIONS  JAMES R. THOMPSON CENTER  100 W RANDOLPH ST, STE 14-100  CHICAGO, ILL 60601-3232  fax 312-814-6485 e-mail: D1@ELECTIONS.IL.GOV(D-13 ONLY)		