Full name and complete mailing address of Political Committee:

STATEMENT OF ORGANIZATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS

13 JAN 10 AM 8: 17

Fr	iends for David A. I 43rd Street								
120	ick Island, 16 612								
	ILADDRESS: bb. boswell@sbc	POLITICAL COMMITTEE IDENTIFICATION No.							
C-1417	E ADUREOS.	18486-14							
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED: 1-7	2013	2.	AMOUNT OF FUNDS A CREATION DATE :\$	VAILABLE AS OF 2,650.00				
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 PA "May not make direct contributions or coor	-	ditures.						
5.	A. THIS COMMITTEE WILL PRIMARILY OPER	CAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTY(IES) OR DISTRICT(S): applicable if operating statewide or supporting/opposing statewide candidates or belief initiatives)							
	8. POLITICAL PARTY AFFILIATION: C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:								
	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				
IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.									

CON	IMITTEE N	AME:		POLITICAL COMMITTEE IDENTIFICATION No.: 18486			
8.	REQUIRE	D COMMITTEE OFFICERS.					
POSITION		NAME	MAILING ADDRES	ESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS			
CHAIRMAN							
TR	REASURER						
9.	POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.						
PC	OSITION	NAME	MAILING ADDRE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
10.		ALL FINANCIAL INSTITUTIONS IDING, LIST ALL AS OF TODAY'S DA		ORIES OF THE COMMITTEE FUNDS.			
		NAME	, WAILI	' MAILING ADDRESS AND PHONE NUMBER			
	 	ISFER TO ANOTHER POLITICAL CO ISFER TO A CHARITABLE ORGANIZ IF MORE SPACE FOR INFORMA	ATION:	SE ATTACH ADDITIONAL SHEETS.			
ANY SO	DURCE, PROVIDED	LLOT NITVATIVE CONNITTER IS FORMED FOR THE COMMITTEE WILL BE USED FOR THE PURPOSE DES ITHAT THIS BALLOT INITIATIVE CONNITTEE DOES IN	IOT MAKE CONTRIBUTIONS OR EXPE	IMITTEES ONLY ISING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND ANIZATION, THE COMMITTEE MAY ACCEPT UNLINSTED CONTRIBUTIONS FROM NOTITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE, (10 ILCS 549)			
PRIN	TED AND	WRITTEN SIGNATURE OF COMM	ATTEE CHAIRPERSON	DATE			
FROM A	DITURES OF THE (WY SOURCE, PRO	INDEPENDENT EXPENDITURE COMMITTEE IS FORM COMMITTEE WILL BE USED FOR THE PURPOSE DE	SCRIBED IN THE STATEMENT OF OR NAME THE DOES NOT MAKE CONTRIB	- IF MAKING INDEPENDENT EXPEN DITURES, (II) ALL CONTRIBUTIONS AND IGANIZATION, (III) THE COMMITTEE MAY A CCEPT UNL IMITED CO INTRIBUTIONS UTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITT			
PRIN	TED AND	WRITTEN SIGNATURE OF COMM	ATTEE CHAIRPERSON	DATE			
AND BE	LIEF, IS A TRUE, C	ATEMENT OF ORGANIZATION (INCLUDING ANY ACC	ZATION AS REQUIRED BY ARTICLE 9	MINITTEES MEANTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE OF THE ELECTION CODE, I UNDERSTAND THAT WILLFULLY FILING A FALSE OR			
Bennie A Bosnell B		1153	1-9-13				
THE IL	LINOIS STATE I	BLIC ACT 78-1183. WILLFUL FAILURE TO FILE	CLOSURE OF INFORMATION THE OR WILLFUL FILING OF FALSE	E DATE AT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL LANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.			
	e-mail	ALL PO STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 ED1@ELECTIONS.IL.GOV(D-1a ONLY)	DUTICAL COMMITTEES RETU	JRN 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.GOV(D-1s ONLY)			

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