

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR SHE WELLE COME

13FEB -6 AMII: 15

Full name and complete mailing address of Political Committee:

Friends of Andy Quarnstrom 1310 Broadmoor Champaign, IL 61821

POLITICAL COMMITTEE

E-MAIL ADDRESS: aquarnstrom@comcast.net

IDENTIFICATION No. 25/119-1-

CHECK HERE IF ADDRESS CHANGE // J U (1 - 10)									
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED: 2/6/2	013		MOUNT OF FUNDS AVAILA REATION DATE :\$1490.21	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: City of Champaign Township Supervis. 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) Champaign County								
,	B. POLITICAL PARTY AFFILIATION: Democrat C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:								
6,	PURPOSE OF THE POLITICAL COMMITTEE. To elect Andy Quarnstrom to the office of City of Champaign Township Supervisor								
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				
Andy Quarnstrom 1310 Broadmoor Champaign, IL 61821				City of Champaign Township Supervisor	Democrat				

COMMITTEE NAME: Friends of Andy Quarnstrom					POLITICAL COMMITTEE IDENTIFICATION No.;			
8.								
P	DSITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN		Andy Quamstrom		1310 Broadmoor, Champaign, IL 61821 aquamstrom@comcast.net				
TREASURER		Brad Diel		3303 Springview Lane, Champeign ,IL 61822 badiel@gmail.com				
9.	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				
Chairman		Andy Quamstrom		1310 Broadmoor, Champaign, IL 61821 217-841-0823 aquametrom@comcast.net				
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME			MAILING ADDRESS AND PHONE NUMBER				
First Fe	deral Savings	Bank	1912 W	/. Springfield Ave, Champaign, I⊾ 61821 217-356-2265				
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 AND EXPENDITURES OF THE COMMITTEE MAY ACCEPT UNIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT IN MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OF ANDIDATE OF ANDID								
PRIN	TED AND	WRITTEN SIGNATURE OF COM	MITTE	E CHAIRPERSON	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 COMMITTEE WAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE OF POLITICAL ACTION COMMITTEE, AND (IV) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN MOLATION 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 SELLEF, 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 31001 AND UP TO \$5000.								
Andrew J Quarastrom OT 55 2-6-13 PRINTED AND WRITTEN SIGNATURE OF TREASURER OR 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.								
ALL FOLITICAL COMMITTEES RETURN TO: 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. 80601-3232 fax: 312-814-8485				
	e-mail: <u>D1@ELECTIONS.IL.GOV(</u> D-1s ONLY) e-mail: <u>D1@ELECTIONS.IL.GOV(</u> D-1s ONLY)							