

FORM

STATEMENT OF ORGANIZATION STATE BOARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

3 FEB 19 AM 8: 27

Full name and complete mailing address of Political Committee:

CITIZENS FOR GOLDSTEIN 4458 N. Albany Chicago, IL 60625

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS; agoldstein3@hotmail.com

| \Box CHECK HERE IF ADDRESS CHANGE $25072 - 3$ | | | | | | | | | |
|---|---|----------|----------|--|-------------------|--|--|--|--|
| SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. | | | | | | | | | |
| 1. | DATE COMMITTEE CREATED: Feb. | 6, 201 | | AMOUNT OF FUNDS AVAIL CREATION DATE :\$2,000.00 | | | | | |
| 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: <u>ALL COMMITTEES CHOOSE ONLY ONE:</u> 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 coon | | ditures. | | | | | | |
| 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) Cook County B. POLITICAL PARTY AFFILIATION: Democratic Party C. NAME AND ADDRESS OF EACH SPONSORING ENTITY. | | | | | | | | |
| | | | | | | | | | |
| 6. | PURPOSE OF THE POLITICAL COMMITTEE. To support Aaron Goldstein for elected office | | | | | | | | |
| 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 | | | | |
| Aaron Goldstein 4458 N. Albany Chicago, IL 60625 | | ✓ | | TBD | Democratic Party | | | | |
| | IE MODE ODAGE FOR INFORM | | | FARE ATTACK APPLITIONAL O | | | | | |

| COMMITTEE NAME: CITIZENS FOR GOLDSTEIN | | | | | POLITICAL COMMITTEE IDENTIFICATION No.: 25072 | | | |
|---|---------|---|---|---|---|--|--|--|
| 8. | | | | | | | | |
| POSITION NAME | | | MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS | | | | | |
| CHAIRMAN | | Brian Barrido | | 3631 Forest Avenue, Unit P, Brookfield, IL 60513 (312) 730-6313 brian@brchicago.com | | | | |
| TREASURER Rose Nesbit | | Rose Nesbit | | 703 Windsor. Sugar Grove, IL 60554 (630) 731-6239, r_nesbit29@yahoo.com | | | | |
| 9. | POSITIO | N, NAME & MAILING ADDRESS | OF EAC | H CUSTODIAN O | F THE COMMITTEE'S BOOKS AND ACCOUNTS. | | | |
| POSITION | | NAME | | MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS | | | | |
| Treasurer | | Rose Neshit | | | rove, IL 60554, (630) 731-6239, r_nesbit29@yahoo.com | | | |
| 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 | | | | |
| JP Morgan Chase Bank, N.A. | | | Chicago. | 1 N. Wabash Ave. Chicago, IL 50602 312) 795-0421 | | | | |
| 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 COES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE SEOR 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) | | | | | | | | |
| PRIN | TED AND | WRITTEN SIGNATURE OF COM | MITTEE | CHAIRPERSON | DATE | | | |
| | | VERIFICATION: I | DEPEND | ENT EXPENDITURE | COMMITTEES ONLY | | | |
| DECLARE THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES. (11) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION. (11) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE POLITICAL PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE AND MY FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE. | | | | | | | | |
| PRIN | TED AND | WRITTEN SIGNATURE OF COM | MITTEE | CHAIRPERSON | DATE | | | |
| | 2 | | | ALL POLITICAL COM | | | | |
| DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHECULES 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. FUNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A QUIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000. | | | | | | | | |
| • | | Sek | | | 2 15-13 | | | |
| 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 POLITICAL COMMITTEES RETURN TO: | | | | | | | | |
| | e-mail | STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 D1@ELECTIONS.IL.GOV(D-1s ONLY) | DEHTICAL | | 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@F1ECTIONS IL. GOVID-15 ONLY) | | | |