

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

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2013 FEB 22 PI: 1: 10

STATE BEARS OF DUMENT

Full name and complete mailing address of Political Committee:

Friends to Elect Jerry Wade 15641 Lexington Avenue Harvey, IL 60426

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: jdwadejr@yahoo.com

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE,								
1.	DATE COMMITTEE CREATED: 2/22/2	2013		AMOUNT OF FUNDS AVAILAE CREATION DATE :\$50.00	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: Board of Trustee of SSC Dist 510 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) Cook County B. POLITICAL PARTY AFFILIATION: Non-Partisan C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
6.	To support the candidacy of Jerry Wade							
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)							
NAME AND ADDRESS		SUPPORT	OPPOSI	OFFICE	PARTY AFFILIATION			
Jerry Wade 15641 Lexington Avenue Harvey, IL 60426		V						

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

CON	MITTEE N	AME: Friends to Elect Jerry Wade	I.	POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	REQUIR	ED COMMITTEE OFFICERS.						
POSITION		NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN		Јеггу D. Wade Jr.	15641 Lexington - Hai 708-334-3152 jdwadejr@yahoo.com					
TREASURER Feli		Felicia Shaw		221 Hayes - Romeoville, IL 60441; 312-502-0498; felicia.shaw@ymall.com				
9.	9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.							
POSITION		NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
Treasurer		Felicia Shaw		ille, IL 60441; 312-502-0496; fellcla.shaw@ymail.com				
10.	LIST OI (IF AMEI	F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S D	S AND OTHER REPOSIT ATE.)	ORIES OF THE COMMITTEE FUNDS.				
		NAME	MAILI	MAILING ADDRESS AND PHONE NUMBER				
Bank of	America		4211 167th Street - Country Cl. 708-798-4083	67th Street - Country Club Hills, IL. 60478 08-4083				
	RE THAT THIS BUILDITURES OF THE	VERIFICATION VE	TION IS REQUIRED, PLEAS ON-BALLOT INITIATIVE COMI PURPOSE OF SUPPORTING OR OPPOS SCRIBED IN THIS STATEMENT OF ORDS	SE ATTACH ADDITIONAL SHEETS. MITTEES ONLY SING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND ANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM IDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5:9)				
		Swad Sv Dex	1 Wall	2-22-20(2				
PRIN	TED AND	WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSON	DATE				
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY IDECLARE THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (II) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (III) 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 (IV) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.								
PRIN		DIW NOC ST () QM WRITTEN SIGNATURE OF COMI	MITTEE CHAIRPERSON	ンシン・テロバス DATE				
		VERIFI	CATION: ALL POLITICAL COM					
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.								
PRIN		an 4. Croc S WRITTEN SIGNATURE OF TREA	SURER OR CANDIDATE	2-21-13 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-mal	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 I: <u>D1@ELECTIONS.IL_GOV</u> (D-1s ONLY)		STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485 fax: 10.00 F. ECTIONS II. 600/10.44 ONLY)				

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PAGE 2 OF 2