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FORM

D_1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

13 MAR 29 PM 12: 18

Full name and complete mailing address of Political Committee:

Friends of Andy Manar Po Box W

Bunker Hill, IL 62014

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION No.

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$	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: 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 SI	UPPORT	OPPOS	SE OFFICE	PARTY AFFILIATION		

СОМ	IMITTEE N	AME:	POLITICAL COMMITTEE IDENTIFICATION No.:		
8.	REQUIRI	ED COMMITTEE OFFICERS.			
POSITION		NAME	MAILING ADDRESS, DAYTIME PHONE NUM	BER, AND E-MAIL ADDRESS	
CHAIRMAN					
TREASURER		Craig W. Colbrook	1508 S. Douglas Ave, springfield, TC 627 217-381-3343		
9.	POSITIO	N, NAME & MAILING ADDRESS OF EA	CH CUSTODIAN OF THE COMMITTEE'S E	· ·	
POSITION		NAME	MAILING ADDRESS, DAYTIME PHONE NUM	BER, AND E-MAIL ADDRESS	
		Treasurer (see above)	(Remove Laurie Eby)		
10.		F ALL FINANCIAL INSTITUTIONS AND NDING, LIST ALL AS OF TODAY'S DATE.)	OTHER REPOSITORIES OF THE COMMIT	TEE FUNDS.	
	NAME		MAILING ADDRESS AND PHONE NUMBER		
PRIN	ARE THAT THIS EDUTCE, PROVIDE DIMINATION FOR	NSFER TO ANOTHER POLITICAL COMMIT NSFER TO A CHARITABLE ORGANIZATION IF MORE SPACE FOR INFORMATION I VERIFICATION- BAI MALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE DESCRIBED IS COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDI WRITTEN SIGNATURE OF COMMITTEE VERIFICATION: INDEPE	S REQUIRED, PLEASE ATTACH ADDITIONAL LOT INITIATIVE COMMITTEES ONLY E OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE MY ACCONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOS BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIC	SHEETS. 7, ALL CONTRIBUTIONS AND CEPT UNLIMITED CONTRIBUTIONS FROM MITION TO A CANDIDATE OR CANDIDATES DILATION OF THIS ARTICLE. (10 ILCS 5/9) DATE PRES. (II) ALL CONTRIBUTIONS AND AY ACCEPT UNLIMITED CONTRIBUTIONS	
OR POI	LITICAL ACTION (CDMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREM	DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICA NTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICL	E.	
PRIN	NTED AND	WRITTEN SIGNATURE OF COMMITTE		DATE	
AND BE	ELIEF, IS A TRUE.	STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANY CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION ANT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND	N: ALL POLITICAL COMMITTEES ING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME US REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTA UP TO \$5000.	AND, TO THE BEST OF MY KNOWLEDGE INDITHAT WILLFULLY FILING A FALSE OR	
Cro	L'a W.	WRITTEN SIGNATURE OF TREASURE	R OR CANDIDATE	5 26 12 DATE	
THE II	LLINOIS STATE	E BOARD OF ELECTIONS REQUIRES THE DISCLOSUF UBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR W INESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000	RE OF INFORMATION THAT IS NECESSARY IF YOU QUAL ILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION THIS FORM IS IN COMPLIANCE WITH THE FORMS MANA	IFY AS A POLITICAL COMMITTEE AS REQUIRED BY THIS ARTICLE SHALL	
	e-m	ALL POLITICA STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 all: D1@ELECTIONS.IL.GOV(D-18 ONLY)	AL COMMITTÉES RETURN TO: STATE BOARD OF I JAMES R. THOMPSI 100 W RANDOLPH ST CHICAGO, IL. 606 fax: 312-814-6 e-mail: D1@ELECTIONS.IL.	ON CENTER F, STE 14-100 601-3232 6485	