

2



FORM D-1

STATEMENT OF ORGANIZATION
PLEASE TYPE OR PRINT IN BLACK INK

FCR OFFICE USE ONLY
STATE BOARD OF ELECTIONS

13 SEP 27 AM 8:00

POLITICAL COMMITTEE IDENTIFICATION No.
25570-12

Full name and complete mailing address of Political Committee:
Friends of Adam Johnson
P.O. Box 312
Warrenville, IL 60555

E-MAIL ADDRESS: adamdupage@gmail.com

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1.	DATE COMMITTEE CREATED: <u>9/21/2013</u>	2.	AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE : \$ <u>0</u>		
3.	<input checked="" type="checkbox"/> NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.) <input type="checkbox"/> AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.) <input type="checkbox"/> REACTIVATING				
4.	POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE: <input checked="" type="checkbox"/> 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: <u>Dupage County Board District 6</u> <input type="checkbox"/> POLITICAL ACTION COMMITTEE <input type="checkbox"/> POLITICAL PARTY COMMITTEE <input type="checkbox"/> BALLOT INITIATIVE COMMITTEE <input type="checkbox"/> 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) <u>Dupage County District 6</u> B. POLITICAL PARTY AFFILIATION: <u>Republican</u> C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:				
6.	PURPOSE OF THE POLITICAL COMMITTEE. <u>Elect Adam Johnson</u>				
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
	Adam Johnson 2S309 Riverside Ave. Warrenville, IL 60555	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dupage County Board District 6	Republican

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

COMMITTEE NAME: Friends of Adam Johnson	POLITICAL COMMITTEE IDENTIFICATION No.: <div style="font-size: 1.5em; text-align: center;">25570</div>
---	--

8. REQUIRED COMMITTEE OFFICERS.		
POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Adam Johnson	2S309 Riverside Ave. Warrenville, IL 60555 630-450-7398 adamdupage@gmail.com
TREASURER	Matthew Pike	533 S. Fairfield Ave, Lombard, IL 60148 651-216-4589 mdpike1@gmail.com

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

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
5/3 Bank 3601 Winfield Road Warrenville, IL 60555	

11.	DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:
<input checked="" type="checkbox"/>	RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.
<input type="checkbox"/>	TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____
<input type="checkbox"/>	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 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 DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, ELECTION OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE 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 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.

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 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.

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE	9/26/2013 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:

STATE BOARD OF ELECTIONS
 2329 S MACARTHUR BLVD
 SPRINGFIELD, IL 62704-4503
 fax: 217-557-5630
 e-mail: D1@ELECTIONS.IL.GOV (D-1s ONLY)

STATE BOARD OF ELECTIONS
 JAMES R. THOMPSON CENTER
 100 W RANDOLPH ST, STE 14-100
 CHICAGO, IL 60660 -3232
 fax: 312-814-6435
 e-mail: D1@ELECTIONS.IL.GOV (D-1s ONLY)