

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

CHICAGO

Full name and complete mailing address of Political Committee:

Friends of Bob Fioretti 17 E Monroe, Ste 211 Chicago, IL 60603

2014 JAN 17 PM 3:21

STATE BOARD OF ELECTIONS

POLITICAL COMMITTEE

E-MAIL ADDRESS: Floretti2ndWard@gmail.com  CHECK HERE IF ADDRESS CHANGE					21102 - S
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.					
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$	
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	SUPPORT	OPPOSI	OFFICE	PARTY AFFILIATION
IF MORE SPACE FOR INFORMATION IS REQUIRED. PLEASE ATTACH ADDITIONAL SHEETS					

THIS FORM MAY BE REPRODUCED

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Revised 7/9/12

## 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 78-1:83. 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 82704-4503 fax: 217-557-5680 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. 60601-3232 fax: 312-814-6485 e-mail: D1@ELECTIONS.IL.GOV(D-1s ONLY)