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FORM

2014 JAPOR OFFICE USE ONLY STATEMENT OF ORGANIZATION PLEASE TYPE OR PRINT IN BLACK INK

BOARD OF ELECTIONS

Full name and complete mailing address of Political Committee:

Friends of Ike Carothers PO Box 1817 Oak Park Illinois 60303

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS:

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SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.						
1.	DATE COMMITTEE CREATED: Januar	y 17 201		MOUNT OF FUNDS AVAILA REATION DATE :\$2521.18	BLE AS OF	
3.	MEW 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: [7] 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/apposing statewide candidates or beliot initiatives) Cook					
	B. POLITICAL PARTY AFFILIATION: Democratic					
	C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:					
6.	PURPOSE OF THE POLITICAL COMMITTEE.					
Ŭ.	to support Ike Carothers for public 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	
5833	arothers W. Race Avenue go illinois 60644	V		Member of the Cook County Board of Commissioners	Democratic	

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

THIS FORM MAY BE REPRODUCED

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Revised 7/9/12

COMMITTEE NAME:				POLITICAL COMMITTEE IDENTIFICATION No.:	
8. REQUIRED COMMITTEE OFFICERS.					
POSITION NAME		MAILING ADDRES	S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
CHAIRMAN Emma Mitts		5344 W. Narth Avenue, Chicego, Illinois 773-745-2894			
TREASURER Jiil Bush		118 S. Waller Avenue Chicago, Illinois 60844 773-430-8504			
9. POSITION, NAME & MAILING ADDRESS OF EAC		CH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
Treas.	Jill Bu sh		118 S, Waller Avenue	Chlcago, Illinois 60844 773-430-8504	
1 167 1	FALL F <mark>inancial institutions</mark> NDING, LISTALLAS OF TODAY'S DA		OTHER REPOSIT	ORIES OF THE COMMITTEE FUNDS.	
	NAME		MAILIN	NG ADDRESS AND PHONE NUMBER	
US Bank 11 W. Madison Street Oak Park, (Illinois 708-388-5000			, «liinois 708-388-5000		
11. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE: RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS. TRANSFER TO ANOTHER POLITICAL COMMITTEE: TRANSFER TO A CHARITABLE ORGANIZATION:					
	IF MORE SPACE FOR INFORMA	TION 18	REQUIRED, PLEAS	SE ATTACH ADDITIONAL SHEETS.	
VERIFICATION - BALLOT INITIATIVE COMMITTEES ONLY 1 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 WALL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE WAY ACCEPT UNLIMITED COMMITTEE OR CANDIDATES FOR NOMINATION FOR ELECTION, CR RETENTION AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE, (10 ILCS SR)					
PRINTED AND	WRITTEN SIGNATURE OF COM	MITTE	E CHAIRPERSON	DATE	
	VERIFICATION: IN	IDEPEN	DENT EXPENDITURE	COMMITTEES ONLY	
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY I DECLARE THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAIGHTS INDEPENDENT EXPENDITURES, (4) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WAY A CICEPT UNLIMITED CONTRIBUTIONS FROM MAY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT NAME CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE. POLITICAL PARTY COMMITTEE OR POLITICAL ACTION COLMITTEE, AND (M) FAILURE TO ASIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.					
PRINTED AND	PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE				
VERIFICATION: ALL POLITICAL COMMITTEES I DECLARS 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 B 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.					
Jil Bust One 12		Јапиагу 17, 2014			
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 74-1183. 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					
	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD		JAMES R. THOMPSON CENTER		
SPRINGFIELD, IL 82704-4503 fax: 217-557-5630		100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-9232			
8-ma	II: D1@ELECTIONS.IL.GOV(D-1= ONLY)			fax: 312-814-6485 e-mail: <u>D1@ELECTIONS.I'L.GOV(D-1s ONLY)</u>	
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