

FORM

A STATE

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

CHECK HERE IF ADDRESS CHANGE

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

14 APR -8 AM 9: 82

Full name and complete mailing address of Political Committee:

Wheeling Township Democrats 1310 W. Northwest Hwy. Arlington Hts., IL 60004

POLITICAL COMMITTEE IDENTIFICATION No. 16928 - 9

Arlington Hts., IL 60004	
E-MAIL ADDRESS: info@wheelingdems.com	

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. AMOUNT OF FUNDS AVAILABLE AS OF 1. DATE COMMITTEE CREATED: 07/25/2002 CREATION DATE: \$ Filed on paper ☐ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.) 3. X 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 DISTRIC (S): (not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives) Wheeling Township, Cook County B. POLITICAL PARTY AFFILIATION: Democratic C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: PURPOSE OF THE POLITICAL COMMITTEE. 6. Provide a township Democratic organization. 7. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST A .L AS OF TODAY'S DATE.) NAME AND ADDRESS SUPPORT **OPPOSE OFFICE** PARTY AFFILIATION

COMMITTEE NAME: Wheeling Township Democrats			ıts	POLITICAL COMMITTE E IDENTIFICATION No.: 16928 - 9		
8.	REQUIRE	ED COMMITTEE OFFICERS.				
POSITION NAME			MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN Robert J. Nesvacil			1310 W. Northwest Hwy. Arlington Hts., IL 60004 847.254.4944 info@wheelingdems.com			
TREASURER Frank C. Marino			407 Grego Court Prospect Hts., IL 60070			
9.	POSITION	N, NAME & MAILING ADDRESS (FEAC	CH CUSTODIAN O	THE COMMITTEE'S BOOKS AND ACCOUNTS.	
POS	SITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUM 3ER, AND E-MAIL ADDRESS		
Treasurer Frank C. N		Frank C. Marino	Marino 40 Pr		407 Grego Court Prospect Hts., IL 60070	
10.		IDING, LIST ALL AS OF TODAY'S DA		THER REPOSITO	RIES OF THE COMMITTEE FUNDS.	
		NAME		MAILIN	G ADDRESS AND PHONE NUMBER	
			l. Main Street Prospect, IL 60056	847.222.1112		
11.	☐ RETU	RN TO CONTRIBUTORS IN AMOUN SFER TO ANOTHER POLITICAL CO SFER TO A CHARITABLE ORGANIZ IF MORE SPACE FOR INFORMA	TS NO MMITTI ATION: FION IS	T TO EXCEED THEIF EE: Arlington	Heights Park Foundation E ATTACH ADDITIONAL SHEETS.	
ANY SOUR	JRES OF THE C CE. PROVIDED	LOT INITIATIVE COMMITTEE IS FORMED FOR THE I	PURPOSE CRIBED IN	OF SUPPORTING OR OPPOS THIS STATEMENT OF ORGAN	ING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND IZATION, THE COMMITTEE MAY ACCI PT UNLIMITED CONTRIBUTIONS FROM ITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES HALL DEEM THIS COMMITTEE IN VIOL	
PRINT	ED <u>AND</u> V	VRITTEN SIGNATURE OF COMM	IITTEE	CHAIRPERSON	DATE	
		VERIFICATION: IN	DEPEN	DENT EXPENDITURE	COMMITTEES ONLY	
FROM ANY	JRES OF THE C SOURCE, PRO	OMMITTEE WILL BE USED FOR THE PURPOSE DES	CRIBED II	NITHE STATEMENT OF ORGA DOES NOT MAKE CONTRIBUT	MAKING INDEPENDENT EXPEN DITUR (S. (II) ALL CONTRIBUTIONS AND ANIZATION, (III) THE COMMITTEE MA' ACCEPT UNLIMITED CONTRIBUTIONS IONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE IN VIOLATION OF THIS ARTICLE	
PRINTE	ED <u>AND</u> V	VRITTEN SIGNATURE OF COMM	IITTEE	CHAIRPERSON	DATE	
I DECLARE AND BELIEF INCOMPLET	THAT THIS STA I, IS A TRUE, CO E STATEMENT			ALL POLITICAL COMING SCHEDULES AND STATEMIN REQUIRED BY ARTICLE 9 OF P 10 \$5000.	MITTEES ENTS) HAS BEEN EXAMINED BY ME ALID, TO THE BEST OF MY KNOWLEDGE THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE DR	
Frank (C. Marine	o, Treasurer // CZ// /RITTEN SIGNATURE/OF TREAS		1///	CA ZATE 3	
THE ILLING	OIS STATE B	OARD OF ELECTIONS REQUIRES THE DISC LIC ACT 78-1183. WILLFUL FAILURE TO FILE SS OFFENSE SUBJECT TO A FINE OF UP TO	LOSURE OR WILL \$5000. T	OF INFORMATION THAT	IS NECESSARY IF YOU QUALIF / AS A POLITICAL COMMITTEE AS R INCOMPLETE INFORMATION FEQUIRED BY THIS ARTICLE SHALL INCE WITH THE FORMS MANAGEMENT PROGRAM ACT.	
		STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 D1@ELECTIONS.IL.GOV(D-1s ONLY)	LITIONE		STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, 3TE 14-100 CHICAGO, IL. 6060 - 3232 fax: 312-814-64// e-mall: D1@FLFCTIONS.IL.G ()V(D-1s ONLY)	