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FORM D-1	STATEMENT OF ORGANIZATION <i>PLEASE TYPE OR PRINT IN BLACK INK</i>	CHICAGO 19 MAR 15 PM 3:40 FOR OFFICE USE ONLY STATE BOARD OF ELECTIONS
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Full name and complete mailing address of Political Committee:

South West Economic Enhancement Team(SWEET)
 c/o Paul O'Grady
 10702 Olde Mill Drive
 Orland Park, IL 60467

CHECK FOR ADDRESS CHANGE

**POLITICAL COMMITTEE
IDENTIFICATION #**

35344.8

CHECK HERE TO RECEIVE REPORT NOTIFICATIONS VIA E-MAIL ONLY

E-MAIL ADDRESS:

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE

1 **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

2 DATE COMMITTEE CREATED: 3/15/19		3 AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE: \$0
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4 **POLITICAL COMMITTEE 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 office currently sought.
 This office is: _____

POLITICAL ACTION COMMITTEE

POLITICAL PARTY COMMITTEE

BALLOT INITIATIVE COMMITTEE

INDEPENDENT EXPENDITURE COMMITTEE

5 **POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION**

A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTIES OR DISTRICTS:
(If operating statewide or supporting/opposing statewide candidates or ballot initiatives, leave blank.)
Cook

B. **POLITICAL PARTY AFFILIATION:** _____

C. **NAME AND ADDRESS OF EACH SPONSORING ENTITY (if applicable):** _____

6 **PURPOSE OF THE POLITICAL COMMITTEE**

To support candidates and causes supporting economic enhancement

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
	<input type="checkbox"/>	<input type="checkbox"/>		

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

COMMITTEE NAME:		POLITICAL COMMITTEE ID #:
8 REQUIRED COMMITTEE OFFICERS:		
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Paul O'Grady	10702 Olde Mill Drive Orland Park, IL 60467 312-724-8045
TREASURER	Paul O'Grady	10702 Olde Mill Drive Orland Park, IL 60467 312-724-8045
9 POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S ACCOUNTS (IF DIFFERENT THAN OFFICERS)		
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS
Treasurer	Paul O'Grady	10702 Olde Mill Drive Orland Park, IL 60467 312-724-8045
10 FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS		
NAME		ADDRESS AND PHONE NUMBER
First Midwest Bank		7800 95th St. Hickory Hills, IL 60457 708-598-7400
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 IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS		
VERIFICATION: <u>BALLOT INITIATIVE COMMITTEE ONLY</u> I DECLARE THAT THIS <u>BALLOT INITIATIVE COMMITTEE</u> 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, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE (20 ILCS 5/9).		
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON		DATE
VERIFICATION: <u>INDEPENDENT EXPENDITURE COMMITTEE ONLY</u> I DECLARE THAT (i) THIS <u>INDEPENDENT EXPENDITURE COMMITTEE</u> 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 THIS 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 (10 ILCS 5/9).		
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON		DATE
VERIFICATION: <u>ALL POLITICAL COMMITTEES</u> I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULE 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 OF ORGANIZATION IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1,000 AND UP TO \$3,000.		
PAUL O'GRADY		Paul O'Grady 3/15/2019
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 78-2183. 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 \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS
 2329 S McARTHUR BLVD
 SPRINGFIELD, IL 62704-4803

FAX: 217-782-5859
 E-MAIL: D1@ELECTIONS.IL.GOV (D-1s ONLY)

www.elections.il.gov

STATE BOARD OF ELECTIONS
 JAMES R THOMPSON CENTER
 100 W RANDOLPH ST, STE 14-100
 CHICAGO, IL 60601-3332

FAX: 312-814-6485
 E-MAIL: D1@ELECTIONS.IL.GOV (D-1s ONLY)