

MAY 2012 8:08



FORM

D-1

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Political Committee:

Schiller Park First  
4267 Grace Street  
Schiller Park, Illinois 60176

POLITICAL COMMITTEE  
IDENTIFICATION No.

32240-04

E-MAIL ADDRESS:

 CHECK HERE IF ADDRESS CHANGE

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

1.	DATE COMMITTEE CREATED: 09-02-16	2.	AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE: \$0.00
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.	<b>POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE:</b> <input 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: _____ <input type="checkbox"/> POLITICAL ACTION COMMITTEE <input checked="" 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.	<b>POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION.</b> 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>Cook County, Illinois</u> B. POLITICAL PARTY AFFILIATION: <u>nonpartisan</u> C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: <u>n/a</u>		
6.	<b>PURPOSE OF THE POLITICAL COMMITTEE.</b> <u>To support candidates for public office and issues aligned with Schiller Park First</u>		
7.	<b>CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)</b>		
	NAME AND ADDRESS	SUPPORT	OPPOSE
	Nick Celaris, 100091/2 Belle Plaine Avenue, Schiller Park, IL 60176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Rosa Joe, 2841 Scott Street, Schiller Park, IL 60176	<input type="checkbox"/>	<input type="checkbox"/>
	Moses Diaz, 3800 Wehrman Avenue, Schiller Park, IL 60176	<input type="checkbox"/>	<input type="checkbox"/>
	Tom Deegen, 3791 Emerson Street, Schiller Park, IL 60176	<input type="checkbox"/>	<input type="checkbox"/>
	Joan Golambiewski, 3758 Wehrman Avenue, Schiller Park, IL 60176	<input type="checkbox"/>	<input type="checkbox"/>
			OFFICE
			Village President, Schiller Park
			Village Clerk, Schiller Park
			Village Trustee, Schiller Park
			Village Trustee, Schiller Park
			Village Trustee, Schiller Park
			PARTY AFFILIATION
			nonpartisan

IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.  
THIS FORM MAY BE REPRODUCED

COMMITTEE NAME: Schiller Park Frat	POLITICAL COMMITTEE IDENTIFICATION No.: <b>32240</b>
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**8. REQUIRED COMMITTEE OFFICERS.**

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Catherine Gorzynski	4267 Grace Street, Schiller Park, Illinois 60178
TREASURER	Richard Desecki	8845 West Sorong Avenue, Schiller Park, Illinois 60178

**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
Treasurer	Richard Desecki	8845 West Sorong Avenue, Schiller Park, Illinois 60178

**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
TCF Bank	9343 East Irving Park Road, Schiller Park, Illinois 60178

**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 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 ICS 8/9)

<b>PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON</b>	<b>DATE</b>
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**VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY**

I DECLARE THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (2) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (3) 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 (4) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.

<b>PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON</b>	<b>DATE</b>
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**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.

<i>Richard W. Desecki</i>	<i>Richard W. Desecki</i>	<i>9-7-16</i>
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<b>PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE</b>	<b>DATE</b>
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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 78-1163. 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](mailto: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](mailto:D1@ELECTIONS.IL.GOV) (D-1s ONLY)