

2



**FORM
D-1**

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS

2019 MAY 15 AM 11:58

Full name and complete mailing address of Political Committee:

UIC United Faculty COPE

CHECK FOR ADDRESS CHANGE

1016 W Jackson Blvd
Chicago, IL 60607

CHECK HERE TO RECEIVE REPORT NOTIFICATIONS VIA E-MAIL ONLY
E-MAIL ADDRESS: uicuf.cope@gmail.com

POLITICAL COMMITTEE
IDENTIFICATION #

35435-3

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:** May 15, 2019

3 **AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE:** \$ 4716.05

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.)

B. POLITICAL PARTY AFFILIATION: _____

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

6 **PURPOSE OF THE POLITICAL COMMITTEE**

To support candidates for political offices who have demonstrated an understanding, interest, and commitment in the views, goals, and initiatives promoted by the UICUF-COPE

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: UIC United Faculty COPE	POLITICAL COMMITTEE ID #: 35435
---	---

8 REQUIRED COMMITTEE OFFICERS:

POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS
CHAIR	Andrew Young	4007 N Lowell 2W Chicago, IL 60641 773-308-6315, apyoung6060@gmail.com
TREASURER	David Greenstein	852 Highland Pl, Highland Park, IL 60035 217-689-1289, dgreenstein@gmail.com

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
<small>Secretary, Coordinator</small>	Lisa Frohmann, Kate Floros	9732 Lowell Ave Skokie, IL 60076, 773-793-001, lisa.frohmann@gmail.com 3320 S. Canal St. Rear Bldg Chicago, IL 60616, 412-720-5331, kate.floros@gmail.com

10 FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS

NAME	ADDRESS AND PHONE NUMBER
Credit Union 1	601 S Morgan St. Chicago, IL 60607 800-252-6950

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: Crossroads Fund

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS

VERIFICATION: BALLOT INITIATIVE COMMITTEE 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, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR **DATE**

VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEE ONLY

I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE 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 CHAIR **DATE**

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 OF ORGANIZATION IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1,001 AND UP TO \$5,000.

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE DAVID GREENSTEIN *David Greenstein* **DATE** 5/15/19

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 78-1183. 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 \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.