



# NON-PROFIT ORGANIZATION STATEMENT OF REGISTRATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Non-Profit Organization:

Citizens for Fair Assessment + Taxes NFP  
446 N. Wells St., #265  
Chicago, IL 60610

THIS FORM MAY BE TRANSMITTED BY FAX: **217-782-5959**  
THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

E-MAIL ADDRESS: contact@fairtaxes.net

ORGANIZATION IDENTIFICATION NO.

CHECK HERE IF ADDRESS CHANGE

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

1. DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD: 10/4/08

2.  NEW ORGANIZATION  AMENDMENT  
(MUST BE FILED WITHIN 10 DAYS OF **ANY** CHANGES.)

3. PURPOSE(S) OF THE ORGANIZATION:  
Educational; political

4. REQUIRED ORGANIZATION OFFICERS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Bruno Behrend	823 Forest Ave. (847)343-4250
Secretary/ TREASURER	Andrea A. Raita	742 N. LaSalle St., Suite 300 (Work) Chicago, IL 60654 (312)587-9494

5. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE ORGANIZATION'S BOOKS AND ACCOUNTS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
Secretary/ Treasurer	Andrea A. Raita	Citizens for Fair Assessment + Taxes NFP 446 N. Wells #265 Chicago, IL 60610 (312)587-9494 or (312)640-2436 <u>araita@cfat.com</u>

### VERIFICATION

I DECLARE THAT THIS STATEMENT OF REGISTRATION (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 REGISTRATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

Andrea A. Raita

2/10/09

PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

DATE

THE STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A NON-PROFIT ORGANIZATION AS OUTLINED UNDER PUBLIC ACT 90-737 AS AMENDED BY PUBLIC ACT 94-645. 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.

NON-PROFIT ORGANIZATIONS SHALL RETURN THIS FORM TO:  
STATE BOARD OF ELECTIONS  
1020 S SPRING ST  
SPRINGFIELD, IL 62704-2924