

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF FLECTIONS

10 JUL 15 PH 2:08

Full name and complete mailing address of Political Committee:

Citizens for Natalie Coleman 1822 Hillcrest Road Joliet, Illinois 60433-9710

> POLITICAL COMMITTEE IDENTIFICATION No.

L 15283

E-MAIL ADDRESS: colemanfor86@yahoo.com

CHECK HERE IF ADDRESS CHANGE									
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED: 03-02-2009		2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$ 2308.63	ABLE AS OF				
3.	 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								
4.	POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONE: CANDIDATE POLITICAL COMMITTEE* □ POLITICAL ACTION COMMITTEE □ POLITICAL PARTY COMMITTEE □ POLITICAL PARTY COMMITTEE □ BALLOT INITIATIVE COMMITTEE *For purposes of contribution limits and reporting requirements a single 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:								
5.	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. 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) Will B. POLITICAL PARTY AFFILIATION: Democrat C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:								
6.	PURPOSE OF THE POLITICAL COMMITTEE. To support Natalie Coleman as a candidate for board of inspectors for Joliet Public School District #86.								
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME AND ADDRESS	SUPPORT	OPPOS	E OFFICE	PARTY AFFILIATION				

IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

Joliet School Board District #86

Natalie Coleman

1822 Hillcrest Road Joliet, IL 60433

Democrat

COMMITTEE NAME: Citizens for Natalie Coleman					POLITICAL COMMITTEE IDENTIFICATION No.: L15283			
8.	REQUIR	ED COMMITTEE OFFICERS.						
POSITION NAME			<u>, '''</u>	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN		Lisa Winfrey		1108 Richards Joliet, Il 60433 815-722-4220 Lisa.Winfrey@Illinois.gov				
TREASURER Shavahn Dorris Jefferson			730 Andrew Taras Court Joliet, II 60435 815-730-3446 missvon21@aol.com					
9.	POSITIO	N, NAME & MAILING ADDRES	S OF EAG	CH CUSTODIAN C	F THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION NAME			MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
Candidate Treasurer		Natalie Coleman Shavahn Dorris Jefferson		1822 Hillcrest Road, Joliet, IL 60433 815-530-8687 colemanfor86@yahoo.com 130 Andrew Taras Court, Joliet, IL 60435 815-730-3446 missvon212aol.com				
10.		F ALL FINANCIAL INSTITUTIO NDING, LIST ALL AS OF TODAY'S		OTHER REPOSITO	ORIES OF THE COMMITTEE FUNDS.			
		NAME		MAILIN	IG ADDRESS AND PHONE NUMBER			
			Joliet, II	8 N. Chicago Street oliet, IL 60432 15-726-4371				
	☐ TRANSFER TO ANOTHER POLITICAL COMMITTEE: Salvation Army Salvation Army							
					SE ATTACH ADDITIONAL SHEETS.			
POLIC ORGA COMM NOMIN VIOLA	Y, ALL CON NIZATION, T NITTEE DOES NATION FOR TION OF TH	THIS <u>BALLOT INITIATIVE COMMITTEE</u> TRIBUTIONS AND EXPENDITURES OF THE COMMITTEE MAY ACCEPT UNLIM S NOT MAKE CONTRIBUTIONS OR EX	IS FORME THE COMI ITED CONT PENDITUR	MITTEE WILL BE USED FRIBUTIONS FROM AN ES IN SUPPORT OF O	OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC OF THE PURPOSE DESCRIBED IN THIS STATEMENT OF IT SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE R OPPOSITION TO A CANDIDATE OR CANDIDATES FOR THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN			
Lisa Wi		WRITTEN SIGNATURE OF CO	MMITTER	- CHAIRPERSON	7-14-2010 DATE			
	TED AND				ALLOT INITIATIVE COMMITTEES			
BY ME REQU	AND, TO THIRED BY AR	THIS STATEMENT OF ORGANIZATION HE BEST OF MY KNOWLEDGE AND BE	(INCLUDIN ELIEF, IS A NDERSTAN	IG ANY ACCOMPANYI TRUE, CORRECT, AND	NG SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED COMPLETE STATEMENT OF ORGANIZATION AS ILLING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT			
Natalie	Coleman	Inte	u (;	lem-	7-14-2010			
PRIN	TED AND	WRITTEN SIGNATURE OF TRI	EASURE	R OR CANDIDATE	DATE			
OUTLIN	ED UNDER P	UBLIC ACT 78-1183, WILLFUL FAILURE TO	FILE OR WIL	LFUL FILING OF FALSE (T IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL IANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.			
	STATE BO	ALL ARD OF ELECTIONS		L COMMITTEES RETU BOARD OF ELECTI				
	PO 1020 SPRINGF fax:	ARD OF ELECTIONS D BOX 4187 D S SPRING ST IELD, IL 62708-4187 217-557-5630 TIONS IL GOV (D-1s ONLY) e-ma	JAMES 100 W RA CHIC f	R. THOMPSON CEN ANDOLPH ST, STE 2 CAGO, IL. 60601-323 ax: 312-814-6485	NTER STATE & LOCAL POLITICAL 14-100 COMMITTEES RETURN ORIGINAL TO: 2 STATE BOARD OF ELECTIONS AND A COPY TO EACH APPROPRIATE			

www.elections.il.gov