**FORM** 

STATEMENT OF ORGANIZATION PLEASE TYPE OR PRINTING OF CHINA IN THE BOOK ON THE PLEASE TYPE OR PRINTING OF CHINA IN THE BOOK OF CHINA IN THE PLANTING OF CHINA IN THE PLANTIN

<del>CHICAGO</del>

FOR OFFICE USE ONLY

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Full	name and complete mailing address	are sitti (⊒e	1.13	6.0						
,	PIEMS OF HARCKE	COURT COURT OLERK								
7036 W. 96 m ST										
OA	Klaun, 12. 60453	POLITICAL COMMITTEE IDENTIFICATION No.								
E-MA	IL ADDRESS: HURCKES@HOTMAK.	14	832	-12						
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.										
1.	DATE COMMITTEE CREATED:		2.		OF FUNDS A					
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 DESIGNATIO  ALL COMMITTEES CHOOSE ONE:  CANDIDATE POLITICAL COMMITTEE*  POLITICAL ACTION COMMITTEE  POLITICAL PARTY COMMITTEE  BALLOT INITIATIVE COMMITTEE  *For purposes of contribution limits and reporting multiple offices elected at different elections or the contribution of the co	ing requiremen nust designate :	ats a sino	STATE POL STATE & LO LOCAL POL	ITTEES MUST ITICAL COMM CAL POLITICA ITICAL COMM Political Conting the appropriate in the	IITTEE AL COMMIT IITTEE nmittee sup	STATE BOARD OF CANADARD OF CAN	CHICAGO 10 DEC 10 DEC 10 DEC 2:		
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)  B. POLITICAL PARTY AFFILIATION:  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:									
	PURPOSE OF THE POLITICAL COMMITTEE.									
6.	SUPPORT JERRY HUCKOS									
7.										
	NAME AND ADDRESS	SUPPORT	OPPOS	SE	OFFICE		PARTY AFF	ILIATION		

CO	MMITTEE N	AME:	·	POLITICAL COMMITTEE IDENTIFICATION No.:					
				14832					
8.	REQUIR	REQUIRED COMMITTEE OFFICERS.							
POSITION		NAME	MAILING ADE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN									
TREASURER									
9.	POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.								
P(	OSITION	NAME	MAILING ADD	MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS					
10.	10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	·· •··································	NAME	M	AILING ADDRESS AND PHONE NUMBER					
			<u></u>						
11.	DISPOS	ITION OF RESIDUAL FUNDS IN	THE EVENT OF DIS	SOLUTION OR TERMINATION OF THE COMMITTEE:					
				THEIR INDIVIDUAL CONTRIBUTIONS.					
				THEIR MOIVIDOAL CONTRIBUTIONS.					
1	LI TRAF	NSFER TO ANOTHER POLITICAL C	OMMITTEE:						
	TRAI	ISFER TO A CHARITIBLE ORGANIZ							
		IF MORE SPACE FOR INFORM	ATION IS REQUIRED, P	LEASE ATTACH ADDITIONAL SHEETS.					
		VERIFICATI	ION- <u>BALLOT INITIATIVE</u> (	COMMITTEES ONLY					
POLIC ORGA COMM NOMJ	CY, ALL CONTI ANIZATION, TH MITTEE DOES NATION FOR I	RIBÜTIONS AND EXPENDITURES OF T IE COMMITTEE MAY ACCEPT UNLIMIT NOT MAKE CONTRIBUTIONS OR EXPE	HE COMMITTEE WILL BE I ED CONTRIBUTIONS FRO ENDITURES IN SUPPORT (	POSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF M ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN					
	1	THE JERR	y Huedos	17/10/10					
PRIN	TED AND V	VRITTEN SIGNATURE OF COM		ON DATE					
. (	7								
VERIFICATION: <u>ALL POLITICAL COMMITTEES INCLUDING BALLOT INITIATIVE COMMITTEES</u> 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.									
PRIN	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 78-1183, 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 \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.									
	STATE BOA	ALL P	OLITICAL COMMITTEES R STATE BOARD OF ELE						
	PO	BOX 4187	JAMES R. THOMPSON	CENTER STATE & LOCAL POLITICAL					
		S SPRING ST 1 LD, IL 62708-4187	100 W RANDOLPH ST, S CHICAGO, IL. 60601						
··	fax: 2	17-557-5630	fax: 312-814-648	5 AND A COPY TO EACH APPROPRIATE					
e-mail:	D1@FLECT	<u> ONS.IL.GOV(D-1s ONLY)</u> e-mail:	D1@ELECTIONS.IL.GO	OV(D-1s ONLY) COUNTY CLERK.					

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PAGE 2 OF 2