0	STE SOME
_	

FORM

0=1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Political Committee:

Friends of Mickey Goral S409 Resents Park Rd Rockford IL 61107

E-MAIL ADDRESS: tam, 6298 Comcast. Net

POLITICAL COMMITTEE IDENTIFICATION No.

5594 - 6

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED:			AMOUNT OF FUNDS AVAILA	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 CN FILE.) REACTIVATING								
4.	POLITICAL COMMITTEE'S DESIGNATION:								
* *	ALL COMMITTEES CHOOSE ONE:								
	☑ CANDIDATE POLITICAL COMMITTEE* ☐ POLITICAL ACTION COMMITTEE								
	POLITICAL PARTY CO *For purposes of contribution limits and reporti multiple offices elected at different elections m	ng requiremer			supporting a candidate for				
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:								
6.	PURPOSE OF THE POLITICAL COMMITTEE.								
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME AND ADDRESS	SUPPORT	OPPOSI	OFFICE	PARTY AFFILIATION				

committee NAME: POLITICAL COMMITTEE IDENTIFICATION No.: FRIENDS OF MICKEY GORAL 5594									
8. REQUIRED COMMITTEE OFFICERS.									
POSITION NAME			MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS						
CHAIRMAN Michael J GORAL			Syoq Regents Park Rd Rockford IL 41107						
TREASURER TAMI GOLAL			5409 Regents Park Rd Rockford IL 41107						
9.	POSITIO	N, NAME & MAILING ADDRESS O	F EAC		F THE COMMITTEE'S BOOKS AND ACCOUNTS.				
POS	SITION	NAME		MAILING ADDRES	S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
10.	(IF AMEN	ALL FINANCIAL INSTITUTIONS IDING, LIST ALL AS OF TODAY'S DA	AND C TE.)	THER REPOSITO	DRIES OF THE COMMITTEE FUNDS.				
		NAME		MAILING ADDRESS AND PHONE NUMBER					
	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 CHARITIBLE ORGANIZATION:								
		IF MORE SPACE FOR INFORMAT	ION IS	REQUIRED, PLEAS	E 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, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/8)									
MICHAEL J. GORAL Michael III									
PRINT	ED AND	WRITTEN SIGNATURE OF COMM		and the same of th	DATE				
VERIFICATION: ALL POLITICAL COMMITTEES INCLUDING BALLOT INITIATIVE 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: 1 UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS: SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5900.									
		J. GORAL YOLL		44	12/30/10				
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 OUTUNED UNDER PUBLIC ACT 75-1183 WILLFUL FAILURE TO FILE OF WILLFUL FULLING 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									
	PC 1020 SPRINGFI fax: 1	ND OF ELECTIONS D BOX 4187 S SPRING ST 1 ELD, IL 62708-4187 217-557-5630	STATE JAMES 00 W RA CHIC	COMMITTEES RETURED BOARD OF ELECTION R. THOMPSON CENTING AND CONTINUES STATES AND CONTINUES STATES SATES AND CONTINUES SATES SATES AND CONTINUES S	NS LOCAL POLITICAL COMMITTEES AND STATE ER & LOCAL POLITICAL COMMITTEES RETURN 400 ORIGINAL TO: STATE BOARD OF ELECTIONS AND A COPY TO EACH APPROPRIATE				