

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

11 APR 14 AMII: 38

Full name and complete mailing address of Political Committee:

CITIZENS FOR KAGANN 2628 Mitchell Drive Woodridge IL 60517-1629

> POLITICAL COMMITTEE IDENTIFICATION, No.

E-MAIL ADDRESS: jkagann@anet.com CHECK HERE IF ADDRESS CHANGE							
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED:	2.	AMOUNT OF FUNDS A CREATION DATE :\$	VAILABLE 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 PARTY COMMITTEE *For purposes of contribution limits and reporting requirements multiple offices elected at different elections must designate an Village Trustee of Woodridge Illinois	a sing	POLITICAL AC BALLOT INITI e Candidate Political Con	• • •			
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) DuPage B. POLITICAL PARTY AFFILIATION: C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:						
6.	PURPOSE OF THE POLITICAL COMMITTEE. Retention of Trustee Joseph Kagann						
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)						
	NAME AND ADDRESS SUPPORT O	PPOS	E OFFICE	PARTY AFFILIATION			

COMMITTEE NAME: Citizens for Kagann				POLITICAL COMMITTEE IDENTIFICATION No.:			
8. REQUIRED COMMITTEE OFFICERS.							
POSITION	NAME		MAILING ADDRES	S, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS			
CHAIRMA	Joel Kagann		2628 Mitchell Drive, Woodridge IL 60517-1629 (630) 964 1313				
TREASURE	Joseph Kagann		6804 Armstrong Court, Woodridge IL 60517 (630) 541 5736				
9. POSIT	9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.						
POSITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
Chairman	Joel Kagann	ķ	2628 Mitchell Dr., Woodridge IL 60517 (630) 964 1313 jkagann@anet.com				
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)							
NAME			MAILING ADDRESS AND PHONE NUMBER				
MB Financial Bank			6111 NORTH RIVER ROAD, ROSEMONT IL 60018 (888)422 6562				
R	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 INFORMA	TION IS	REQUIRED, PLEAS	SE 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 WAY 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)							
1)42 Kamun11			March 30, 2011				
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON 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. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.							
KKANN JOSEPH Joseph Les March 30, 2011							
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE DAT							
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.							
ALL POLITICAL COMMITTEES RETURN TO:							
e-	STATE BOARD OF ELECTIONS PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 fax: 217-557-5630 nail: D1@ELECTIONS.IL.GOV(D-1s ONLY)		STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: <u>D1@ELECTIONS.IL.GOV</u> (D-1s ONLY)				

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