

FORM

D-1

STATEMENT OF ORGANIZATION

TATE BOARD OF FLECTIONS

1300T-9 AM 8:55

LLINOV	<i>F</i> L_			<u> </u>					·
Full name and comp	plete mailir	ng address	of Political Co	mmittee:					
Lake Forest Ca PO Box 10B Lake Forest, IL		-							
Email Address:	۲	□ Chack	here if Address	Change				COM	LITICAL IMITTEE ICATION NO: Il Action 4870
			nere if Address	s Charige					
1. DATE COMMIT	TEE CRE	ATED:	January ·	1, 1975		UNT OF FUND DITURES AS C			PAIGN 6111.00
3. NEW COM	MITTEE		REACTIV	/ATING	 ⊠	AMENDMEN		T BE FILED V	
for multiple office ** May not make 5. POLITICAL COI A - THIS C DISTRI B - POLITICAL B - POLITICAL	of contributions elected as direct constitutions (MMITTEE COMMITTE ICT(S): (no. 1) (no	COMMITT ion limits an at different of atributions of E'S AREA EE WILL of applicable	d reporting requelections must on a coordinated experience of ACTIVIT PRIMARILY is also perating state.	INDEP uirements a sir designate an e expenditures Y, SCOPE A DPERATE I atewide or sup	PENDENT-E ngle Candida election cycle AND PART IN THE FD oporting/oppo	N COMMITTEE XPENDITURE-C te Political Comm by listing the appro Y AFFILIATION LLOWING COU	DNLY PAC ** ittee supporti opriate office.	ing a candidate This office is: DR	TY COMMITTEE
6. PURPOSE(S) O									
7. CANDIDATE(S)	THE CO	MMITTEE	IS SUPPOR	TING OR O	PPOSING.		 		
NAME AND ADDI	RESS		SUPPORT/	OPPOSE		OFFICE		PARTY AFFILIA	TION
Commence of the commence of th									
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NAME OF POL	TICAL COMMITTEE aucus		POLITICAL COMMITTEE IDENTIFICATION NO:			
			Political Action 4870			
8. REQUIRED	COMMITTEE OFFICERS					
POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND EMAILADDRESS				
Treasurer	Vince Sparrow	1249 Inverlieth Road — Lake Forest, IL 60045	73 354 7817			
Chairpersor	Mike Freeman	1430 Harlan Lake Forest, IL 60045				
9. POSITION, AND ACCOU	•	CUSTODIAN OF THE COMMITTEE'S BOOKS				
POSITIO	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND EMAIL ADDRESS				
<u>See</u>	beautor Ima					
10. LIST OF AI FUNDS.	L FINANCIAL INSTITUTIONS AND OTHE	ER REPOSITORIES OF THE COMMITTEE				
NAME		MAILING ADDRESS AND PHONE NUMBER				
Lake F	rest Bank of Trust Compa	727 N. Bank Lune Lake Format. The 60045	847 615 4019			
11. DISPOSITION COMMITTEE:	N OF RESIDUAL FUNDS IN THE EVENT	OF DISSOLUTION OR TERMINATION OF TH	E			
····	VERIFICATION: BAL	LOT INITIATIVE COMMITTEES ONLY				
PDLICY, ALL CON ORGANIZATION, COMMITTEE DOE	RIBUTIONS AND EXPENDITURES OF THE COMMITTE HE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBU NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN	R THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTI EE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS : ITIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLDT IS SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CAND E TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS	STATEMENT DF INITIATIVE IDATES FOR			
PRINTED AND WRIT	EN SIGNATURE OF COMMITTEE CHAIRPERSON		DATE			
	VERIFICATION: INDEPE	ENDENT EXPENDITURE COMMITTEES ONLY				
EXPENDITURES, STATEMENT OF CHINDEPENDENT EX	I) ALL CONTRIBUTIONS AND EXPENDITURES OF THE GANIZATION. (iii) THE COMMITTEE MAY ACCEPT UN PENDITURE COMMITTEE DOES NOT MAKE CONTRIB	FORMED FOR THE EXCLUSIVE PURPDSE OF MAKING INDEI COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBE LIMITED CONTRIBUTIONS FROM ANY SOURCE PROVIDED UTIDNS TO ANY CANDIDATE POLITICAL COMMITTEE, POLIT ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMM	O IN THE THAT THE ICAL PARTY			
PRINTED AND WRIT	TEN SIGNATURE OF COMMITTEE CHAIRPERSON		DATE			

NAME OF POLITICAL COMMITTEE Lake Forest Gaucus

POLITICAL COMMITTEE IDENTIFICATION NO:

Political Action 4870

VERIFICATION: ALL POLITICAL 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 \$100 AND UP TO \$5000

10/2/13

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

ALL POLITICAL COMMITTEES RETRN TO:

STATE BOARD OF ELECTIONS 2329 S. MACARTHUR BLVD SPRINGFIELD IL 62704-4503 fax: 217-557-5630 STATE BOARD OF ELECTIONS
JAMES R THOMPSON CENTER
100 W. RANDOLPH ST, STE 14-100
CHICAGO IL 60601-3232
fax: 312-814-6486

e-mail: D1@ELECTIONS.IL.GOV (D-1s ONLY)