FORM

D-1

Full name and complete mailing address of Political Committee

associated Fire Fighters of IL PAC

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS

13 APR 30 AM 8: 57

THIS FORM MAY BE TRANSMITTED BY FAX. THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

DONING LISTON DE BOLLON OLON					OI IN TOUTSMITTE.	
		•			FOR OFFICE USE ONLY	
					IDENTIFICATION NO.	
	CHECK IF ADDRESS CHA	NGE	·	**	1107-10	
SEE GUIDE TO CAMPAIGN DISCLOSURE FOR INSTRUCTIONS						
1.	DATE COMMITTEE CREATED			2. AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE COMMITTEE WAS CREATED \$		
3.	☐ NEW COMMIT	TEE		AMENDME (MUST BE FILE	NT D WITHIN 10 DAYS OF ANY CHANGES)	
4	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION A — STATE POLITICAL COMMITTEE LOCAL POLITICAL COMMITTEE B — IF THIS IS A LOCAL OR A STATE AND LOCAL POLITICAL COMMITTEE, PLEASE LIST THE COUNTY OR COUNTIES IN WHICH IT WILL OPERATE: C — THIS COMMITTEE WILL PRIMARILY SUPPORT OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE D — THIS COMMITTEE WILL SUPPORT OPPOSE QUESTIONS OF PUBLIC POLICY E — POLITICAL PARTY AFFILIATION F — COUNTY OF RESIDENCE OF CANDIDATE					
5.	PURPOSE(S) OF THE POLITICAL COMMITTEE: *					
6.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING *					
NAME	AND STREET ADÔRESS	SUPPORT	OPPOSE	OFFICE	- PARTY AFFILIATION	

^{*} IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS

_	NAME	OF POLITICAL COMMITTEE	IDENTIFICATION NUMBER		
Qs.	social time	A JI to example 7.	1107		
7.	REQUIRED CO	MMITTEE OFFICERS *	And the second s		
	POSITION	NAME	5TREET ADDRESS AND PHONE NUMBER		
-	CHAIRMAN TREASURER	Richard Martin	PORED II bloodings and STED		
8.	POSITION, NA		ODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS *		
	POSITION	NAME	STREET ADDRESS		
	,	*.			
9.		NANCIAL INSTITUTIONS AND OTHI TALL AS OF TODAY'S DATE:	er repositories of committee funds #		
* 4	. NAMI		ADDRESS		
10.	DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTION TRANSFER TO ANOTHER POLITICAL COMMITTEE TRANSFER TO A CHARITABLE ORGANIZATION				
CORREC CHAT TI	CT AND_COMPLETE ST HE PENALTY FOR WJÜ	atement of organization as requ Leully filing a false statement sha	MINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, UIRED BY ARTICLE: 9 OF THE ELECTION CODE, I UNDERSTAND ALL BE A FINE NOT TO EXCEED \$500 OR IMPRISONMENT IN A SEED 6 MONTHS, OR BOTH FINE AND IMPRISONMENT.		
IGNATI	URE OF TREASURER O	r Candidate	DATE		

THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTER AS OUTLINED UNDER PUBLIC ACT 78-1183, DISCLOSURE OF THIS INFORMATION IS REQUIRED, FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO \$1,000.00. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEE RETURN TO: STATE BOARD OF ELECTIONS 1020 SOUTH SPRING STREET P.O. BOX 4187 SPRINGFIELD, IL 62708 LOCAL POLITICAL COMMITTEES AND
STATE AND LOCAL POLITICAL COMMITTEES
RETURN ORIGINAL TO:
STATE BOARD OF ELECTIONS
AND COPY TO:
APPROPRIATE COUNTY CLERK

REVISED JULY 1, 1993