FORM

D-1

STATEMENT OF ORGANIZATION TATE BOARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

13 JUN 14 AM 8: 54

Full name and complete mailing address of Political Committee:

Friends of Anne Shaw 540 W. Briar Place Suite B Chicago, Il 60657

E-MAIL ADDRESS; ashaw@shawattorneys.com

PCLITICAL COMMITTEE IDENTIFICATION No.

24146-04

SEE DAMDULET #A CUIDE TO CAMBAION DISOLOGUIDE" FOR CUIDANCE						
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.						
1.	DATE COMMITTEE CREATED:	2.	AMOUNT OF FUNDS AVAIL CREATION DATE :\$1048.3-1			
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 COMMITTES CHOOSE ONLY ONE: CANDIDATE POLITICAL COMMITTEE* *For purposes of contribution limits and reporting requirements a Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is: POLITICAL ACTION COMMITTEE POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE INDEPENDENT-EXPENDITURE-ONLY PAC** ** May not make direct contributions or coordinated expenditures.					
5.	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTY(IES) OR DISTRICT(3): (not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives)					
	D. BOLITICAL DADTWARFILLATION					
	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	OPPOS	SE OFFICE	PARTY AFFILIATION		

COMMITTEE NAME: Friends of Anne Shaw			POLITICAL COMMITTEE IDENTIFICATION No.: 24146-04		
8.	REQUIRED COMMITTEE OFFICERS.				
POSITION		NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
CHAIRMAN					
TREASURER		Amy Chmielewski	540 W. Briar Place, Suite B, Chicago, IL 60657 773-614-0149, amicski@hotmail.com		
9.	POSITIO	N, NAME & MAILING ADDRESS OF EA	ACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
POSITION		NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
Treasuer		Amy Chmielewski	540 W. Briar Place, Suite B, Chicago, IL 60857 773-£14-0149, amicski@hotmail.com		
10.	LIST OF	ALL FINANCIAL INSTITUTIONS AND NOTING, LIST ALL AS OF TODAY'S DATE.)	OTHER REPOSITORIES OF THE COMMITTEE FUNDS.		
		NAME	MAILING ADDRESS AND PHONE NUMBER		
PRINT I DECLAR EXPENDI FROM AN	TRANT THIS BY TURES OF THE RICE, PROVIDE RIC	NSFER TO ANOTHER POLITICAL COMMIT NSFER TO A CHARITABLE ORGANIZATION IF MORE SPACE FOR INFORMATION VERIFICATION-BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE DESCRIBED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE LECTION, ELECTION, OR RETENTION, AND FAILURE TO ABID VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR COMMITTEE WILL BE USED FOR THE PURPOSE OF SCRIBED FOR TH	N: IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS. ALLOTINITIATIVE COMMITTEES ONLY SE OF SUPPORTING OR DPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND INTHIS STATEMENT OF ORGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM SE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES SE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN MOLATION OF THIS ARTICLE. (10 LICS 6/9)		
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE					
AND BELL	EF, IS A TRUE, (ATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANY	N: <u>ALL PDLITICAL COMMITTEES</u> FING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE: LUNDERSTAND THAT WILLFULLY FILING A FALSE OR DUP TO \$5000.		
PRINTED AND WRITTEN SIGNATURE OF TREASURER					
THE ILLI	NOIS STATE	BOARD OF ELECTIONS REQUIRES THE DISCLOSUM BLIC ACT 76-1183. WILLFUL FAILURE TO FILE OR W ESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000	RE OF CANDIDATE RE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS ILLEFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT. AL COMMITTEES RETURN TO:		
	e-mai	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 D1@ELECTIONS.IL.GOV(D-1s ONLY)	STATE BOARD OF ELECTIONS JAMES R. THDMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-648t; e-mail: D1@ELECTIONS.IL.GOV(D-1s ONLY)		