

FORM

STATEMENT OF ORGANIZATION TATE BOARD OF ELECTIONS

LLINOIS					. !!!! 12 5!! 2: 05
Full name and complete mai	iling address of Po	olitical Committee:			
Chicagoland Associated One Oakbrook Terrace Suite 210 Oakbrook Terrace, IL 6	d General Contrac				
Email Address: skelly@chicagolandagc.org Check here if Address Change					POLITICAL COMMITTEE IDENTIFICATION NO:
					Political Action 6830 —
1. DATE COMMITTEE		1	2. AMOUNT OF FUNDS A EXPENDITURES AS OF C		
3. NEW COMMITTE	E DR	EACTIVATING	AMENDMENT:	(MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)	
for multiple offices electe	oution limits and reported at different election	orting requirements a single	IDENT-EXPENDITURE-ONL Candidate Political Committee tion cycle by listing the appropria	supporting a	
** May not make direct c 5. POLITICAL COMMITTE			IN DARTY AFFILIATION:		
A - THIS COMMIT	TEE WILL PRIN	ARILY OPERATE IN	THE FOLLOWING COUN	• •	
B - POLITICAL PA					
	ARTY AFFILIATI	ON:			
C - NAME AND A		ON : CH SPONSORING EI	NTITY:		
C - NAME AND AI	DDRESS OF EA	CH SPONSORING EI	NTITY:		
	POLITICAL COI	CH SPONSORING EI			

POLITICAL NAME OF POLITICAL COMMITTEE COMMITTEE Chicagoland Associated General Contractors PAC **IDENTIFICATION NO:** Political Action 6830 8. REQUIRED COMMITTEE OFFICERS **POSITION** NAME MAILING ADDRESS, DAYTIME PHONE NUMBER. AND EMAIL ADDRESS Treasurer Dan McLaughlin 14525 Oakley Orland Park, IL 60462 Chair Stephen Olson 3235 Arnold Lane #158 Northbrook, IL 60062 9. POSITION, NAME, & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS. **POSITION** NAME MAILING ADDRESS, DAYTIME PHONE NUMBER, AND EMAIL ADDRESS Treasurer Stacey Kelly 2551 N Ridge Avenue Arlington Heights, IL 60004 10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. NAME MAILING ADDRESS AND PHONE NUMBER Aurora Bank & Trust 2287 W. Galena Blvd. Aurora, IL 60506 11. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE: **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, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE

VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY

I DECLARE THAT (i) THIS <u>INDEPENDENT EXPENDITURE COMMITTEE</u> IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON

DATE

NAME OF POLITICAL COMMITTEE

Chicagoland Associated General Contractors PAC

POLITICAL COMMITTEE IDENTIFICATION NO:

Political Action 6830

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 \$1001 AND UP TO \$5000.

James My Margalen

Daniel J Melaughilin

6.11.19

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 TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

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: 312-814-6485

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