



FORM
D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

CLIENT'S COPY
FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

Adam for Illinois Committee
c/o Wolf and Company, LLP
2100 Clearwater Drive
Oak Brook, IL 60523

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

POLITICAL COMMITTEE IDENTIFICATION NO.

E-MAIL ADDRESS: andrzejewski@adamforillinois.com

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1.	DATE COMMITTEE CREATED: <u>February 25, 2009</u>	2.	AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE COMMITTEE WAS CREATED: \$ <u>0.00</u>
3.	<input checked="" type="checkbox"/> NEW COMMITTEE <input type="checkbox"/> REACTIVATING <input type="checkbox"/> AMENDMENT: (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)		
4.	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION: A - <input checked="" type="checkbox"/> STATE POLITICAL COMMITTEE <input type="checkbox"/> STATE & LOCAL POLITICAL COMMITTEE <input type="checkbox"/> LOCAL POLITICAL COMMITTEE B - IF THIS IS A LOCAL OR A STATE & LOCAL POLITICAL COMMITTEE, PLEASE LIST THE COUNTY OR COUNTIES IN WHICH IT WILL OPERATE: C - THIS COMMITTEE WILL PRIMARILY: <input checked="" type="checkbox"/> SUPPORT OR <input type="checkbox"/> OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE. D - THIS COMMITTEE WILL: <input checked="" type="checkbox"/> SUPPORT OR <input type="checkbox"/> OPPOSE QUESTIONS OF PUBLIC POLICY. E - POLITICAL PARTY AFFILIATION: <u>Republican</u> F - COUNTY OF RESIDENCY OF CANDIDATE: <u>DuPage</u>		
5.	PURPOSE (S) OF THE POLITICAL COMMITTEE.* Support the candidacy of Adam Andrzejewski for the State of Illinois office of Governor		
6.	CANDIDATE (S) THE COMMITTEE IS SUPPORTING OR OPPOSING.*(IF AMENDING, LIST ALL AS OF TODAY'S DATE.)		

NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY AFFILIATION
Adam Andrzejewski 225 N. Washington Street Hinsdale, IL 60521	X		State of Illinois office of Governor	Republican

*IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

NAME OF POLITICAL COMMITTEE Adam for Illinois Committee	POLITICAL COMMITTEE IDENTIFICATION NUMBER:
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7. REQUIRED COMMITTEE OFFICERS.* (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	John Andrzejewski	10451 W. 5000 S. Road Herscher, IL 60941 (815) 426-6239 pinebluffkjj@juno.com
TREASURER	Ryan Linenger	500 Park Boulevard, Ste. 1400 Itasca, IL 60143 (630) 875-4911 rlinenger@bdfilc.com

8. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.* (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
Accountant	Philip C. Czajkowski, Partner	Wolf and Company, LLP 2100 Clearwater Drive Oak Brook, IL 60523 (630) 545-4580 phil.czajkowski@wolfco-fs.com

9. 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
Harris Bank	50 S. Lincoln Hinsdale, IL 60521 (630) 920-7000

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 CONTRIBUTIONS.
 TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____
 TRANSFER TO A CHARITABLE ORGANIZATION: Illinois Boys State-American Legion IL Dept.

*IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

VERIFICATION

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 A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

Adam Andrzejewski

02/25/09

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.

STATE POLITICAL COMMITTEE RETURN TO:
STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, IL 62704-2924

LOCAL POLITICAL COMMITTEES AND
STATE AND LOCAL POLITICAL COMMITTEES RETURN
ORIGINAL TO:
STATE BOARD OF ELECTIONS AND A COPY TO EACH
APPROPRIATE COUNTY CLERK.