



FORM

D-1

# STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

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:

CHECK HERE IF ADDRESS CHANGE

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

<b>1.</b>	DATE COMMITTEE CREATED: _____	<b>2.</b>	AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE COMMITTEE WAS CREATED:\$ _____
<b>3.</b>	<input type="checkbox"/> NEW COMMITTEE <input type="checkbox"/> REACTIVATING <input type="checkbox"/> AMENDMENT: (MUST BE FILED WITHIN 10 DAYS OF <b>ANY</b> CHANGES.)		
<b>4.</b>	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION: A - <input 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 type="checkbox"/> SUPPORT OR <input type="checkbox"/> OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE. D - THIS COMMITTEE WILL: <input type="checkbox"/> SUPPORT OR <input type="checkbox"/> OPPOSE QUESTIONS OF PUBLIC POLICY. E - POLITICAL PARTY AFFILIATION: _____ F - COUNTY OF RESIDENCY OF CANDIDATE: _____		
<b>5.</b>	PURPOSE (S) OF THE POLITICAL COMMITTEE.*		
<b>6.</b>	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

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

NAME OF POLITICAL COMMITTEE

POLITICAL COMMITTEE IDENTIFICATION NUMBER:

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		
TREASURER		

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

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

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: \_\_\_\_\_

\*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.

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.