

## FORM

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

JUL -8 PM 3: 35

FORIGHE GE ONLY

STATE

BOARD OF ELECTIONS

12 L 14805

Full name and complete mailing address of Political Committee:

Citizens to Elect Jan Wedekind Suthard 43361 Oakcrest Ln Zion, IL 60099-9413

E-MAIL ADDRESS: POLITICAL COMMITTEE IDENTIFICATION No. CHECK HERE IF ADDRESS CHANGE SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. DATE COMMITTEE CREATED: AMOUNT OF FUNDS AVAILABLE AS OF 2008 **CREATION DATE:**\$

	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.)
1	POLITICAL COLUMN

ŧ.	POLITICAL COMMITTEE'S DESIGNATION:	
	ALL COMMITTEES CHOOSE ONE:  CANDIDATE POLITICAL COMMITTEE*  POLITICAL ACTION COMMITTEE  POLITICAL PARTY COMMITTEE  BALLOT INITIATIVE COMMITTEE	ALL NEW COMMITTEES MUST ALSO CHOOSE ONE:  STATE POLITICAL COMMITTEE  STATE & LOCAL POLITICAL COMMITTEE  LOCAL POLITICAL COMMITTEE
- 1	*For purposes of contribution limits and	

POLITICAL COMMITTEE'S AREA OF ACTIVITY SCORE AND TO SERVICE OF A STATE OF A S
*For purposes of contribution limits and reporting requirements a single Candidate Political Committee supporting a candidate for Denties Township Superuser
La SALEST INITIATIVE COMMITTEE

<b>5</b> .	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION.  (Dot applicable if any ULL PRIMARILY OPERATE IN THE FOLLOWING	
	A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTY(IES) OR DISTRICT(S):  (not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives)	
	(not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives)  Lake Court ( TL	
	COUNTY(IES) OR DISTRICT(S):	
	Terrindants)	
- 1		
ł	B. POLITICAL PARTY AFFILIATION:	
ł	C. NAME AND ADDRESS OF FACULA	
	TO THE AND ADDRESS OF FACTOR	

C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:

PURPOSE OF THE POLITICAL COMMITTEE. 6. elect Jan Wedekind Suthard, Benrow Township Supervisor.

CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

NAME AND ADDRESS	SUPPORT	OPPOSE	<b>ING</b> . (IF AMENDING, LIST ALL.	AS OF TODAY'S DATE.)
Jan Wedek, nd Surhard	X	OFFOSE	1 OFFICE	PARTY AFFILIATION
- <del></del>			Benjon Township Supervisor	None
IF MORE SPACE FOR INFORM HIS FORM MAY BE REPRODUCED	MATION IS REC	QUIRED, PLE	ASE ATTACH ADDITIONAL SHI	EETO

COMMITTEE NAME: 7 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /					
COMMITTEE NAME: CITIZENS TO elect Jan Wedekind Surhard POLITICAL COMMITTEE IDENTIFICATION No.:					
8. REQUIRED COMMITTEE OFFICERS.					
POSITION	NAME		MAILING ADDRESS	S, <b>DAYTIME PHON</b>	E NUMBER, AND E-MAIL ADDRES
CHAIRMAN	Jan Surha	7	433610	alccrest	N 224.627-83
TREASURER		1	43361 Oal Zion IL 6	ccrestla	725UTHARDOX OMCOST 224 627-0321
9. POSITIO	N, NAME & MAILING AD	DRESS OF FAC		dan	elaren@Gol.Com EE'S BOOKS AND ACCOUNTS
POSITION	NAME		-		
T	David L. Suit	/ . /	433610	>, DAYTIME PHON	E NUMBER, AND E-MAIL ADDRES  24-627-032/
			LIONILL	60097-74/3	de la serie
10. LIST O	F ALL FINANCIAL INSTIT NDING, LIST ALL AS OF TO	<b>'UTIONS AND (</b> DAY'S DATE.)	THER REPOSITO	RIES OF THE CO	MMITTEE FUNDS.
	NAME		MAILING	G ADDRESS AND F	'HONE NUMBER
Norstates	Bond	16	ol Lewis	Ave	847-244-6000
11. DISPOS	SITION OF RESIDUAL FU				
RET	URN TO CONTRIBUTORS IN	LAMOUNTS NOT	ENT OF DISSOLU	TION OR TERMIN	NATION OF THE COMMITTEE:
□ TRAI	URN TO CONTRIBUTORS IN NSFER TO ANOTHER POLIT	1001 COMMUTTE	TO EXCEED THEIR	INDIVIDUAL CONT	RIBUTIONS.
	NSFER TO A CHARITIBLE O				FDILL
	IF MORE SPACE FOR IN	RGANIZATION: IFORMATION IS I	COMM K REQUIRED PLEASE	ATTACH ADDITIO	or ED & Wellness
	VEF	RIFICATION- BALL	OT INITIATIVE COMMIT	TEES ONLY	
COMMITTEE DOES	HIS <u>BALLOT INITIATIVE COMM</u> RIBUTIONS AND EXPENDITURE IE COMMITTEE MAY ACCEPT L NOT MAKE CONTRIBUTIONS O	ITTEE IS FORMED ES OF THE COMMI INLIMITED CONTR	FOR THE PURPOSE O TTEE WILL BE USED F IBUTIONS FROM ANY	OF SUPPORTING OR FOR THE PURPOSE D SOURCE, PROVIDED	OPPOSING A QUESTION OF PUBLIC DESCRIBED IN THIS STATEMENT OF THAT THIS BALLOT INITIATIVE ANDIDATE OR CANDIDATES FOR S SHALL DEEM THIS COMMITTEE IN
PRINTED AND V	VRITTEN SIGNATURE OF	COMMITTEE	CHAIRPERSON		
	VERIFICATION: ALL PO				DATE
RECORED BY ARTIC	BEST OF MY KNOW! FROM A	TION (INCLUDING ND BELIEF, IS A TR	ANY ACCOMPANYING	SCHEDULES AND ST	
David L.	Surhard, Treasu	urer ba	2019	uh O	7/7/10
THE ILLINOIS STATE R	VRITTEN SIGNATURE OF				DATE
OUTLINED UNDER PUB CONSTITUTE A BUSINE	ILIC ACT 78-1183. WILLFUL FAILUR SS OFFENSE SUBJECT TO A FINE	OF UP TO \$5000. THI	S FORM IS IN COMPLIANC	CE WITH THE FORMS M	DATE  DUALIFY AS A POLITICAL COMMITTEE AS TION REQUIRED BY THIS ARTICLE SHALL ANAGEMENT PROGRAM ACT.
STATE BOAF	RD OF ELECTIONS	STATE BO	OMMITTEES RETURN DARD OF ELECTION	TO: S LOCAL	POLITICAL COMMITTEES AND
1020 S	BOX 4187 SPRING ST	JAMES R.	THOMPSON CENTE DOLPH ST, STE 14-1	R s	TATE & LOCAL POLITICAL
fax: 21	LD, IL 62708-4187 I7-557-5630	CHICAG	30, IL. 60601-3232 312-814-6485	STA	ITTEES RETURN ORIGINAL TO: ATE BOARD OF ELECTIONS
e-mail: <u>D1@ELECTI</u>		e-mail: <u>D1@ELEC</u>	CTIONS.IL.GOV(D-1s	ONLY)	COPY TO <u>EACH</u> APPROPRIATE COUNTY CLERK.

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