

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

1000720 21 8:13

Full name and complete mailing address of Political Committee:

Edgar County Democrat Boosters % Mike Morris 507 W Washington St Paris, IL 61944

E-MAIL ADDRESS: myklmo@yahoo.com

IDENTIFICATION No.

13100

POLITICAL COMMITTEE

CHECK HERE IF ADDRESS CHANGE / O 1 1 - 1 -									
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAILA	ABLE AS OF				
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								
1	POLITICAL COMMITTEE'S DESIGNATIO	N·							
5.	POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONE: CANDIDATE POLITICAL COMMITTEE* POLITICAL ACTION COMMITTEE POLITICAL PARTY COMMITTEE *For purposes of contribution limits and reporting requirements a single 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 COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. 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) 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	OPPOSI	OFFICE	PARTY AFFILIATION				

COMMITTEE NAME:					POLITICAL COMMITTEE IDENTIFICATION No.: 13199			
8.	8. REQUIRED COMMITTEE OFFICERS.							
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN								
TREASURER								
9.	9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.							
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS				
10. 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				
11.	11. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:							
	L RET	URN TO CONTRIBUTORS IN AMOU	NTS NC	T TO EXCEED THE	IR INDIVIDUAL CONTRIBUTIONS.			
	☐ TRA	NSFER TO ANOTHER POLITICAL C	OMMITT	TEE:				
<u> </u>	TRA	NSFER TO A CHARITIBLE ORGANIZ			SE ATTACH ADDITIONAL SHEETS.			
VERIFICATION- <u>BALLOT INITIATIVE</u> COMMITTEE ONLY I DECLARE THAT THIS <u>BALLOT INITIATIVE COMMITTEE</u> 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 VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)								
MARJERIE HORGHLAND Morgane Haughland 10/18/10								
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE								
VERIFICATION: ALL POLITICAL COMMITTEES INCLUDING BALLOT INITIATIVE 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.								
Blichael Williams White Wohn 19/18/10								
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE 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 RETURN TO: STATE BOARD OF ELECTIONS PO BOX 4187 JAMES R. THOMPSON CENTER 1020 S SPRING ST 100 W RANDOLPH ST, STE 14-100 SPRINGFIELD, IL 62708-4187 CHICAGO, IL. 60601-3232 Fax: 217-557-5630 e-mail: D1@ELECTIONS.IL.GOV(D-1s ONLY) e-mail: D1@ELECTIONS.IL.GOV(D-1s ONLY) ALL POLITICAL COMMITTEES RETURN TO: COMMITTEES RETURN ORIGINATION STATE BOARD OF ELECTION COMMITTEES RETURN ORIGIN STATE BOARD OF ELECTION STATE BOARD OF ELECTION STATE BOARD OF ELECTION COMMITTEES RETURN ORIGIN STATE BOARD OF ELECTION STATE & LOCAL POLITICAL COMMITTEES STATE & LOCAL POLIT								

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