

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

ION	:

FOR OFFICE USE ONLY

11.FT-3 AHI:52

Full name and complete mailing address of Political Committee:

DePue/Bureau County Democratic Club

c/o Dan Hoffert

PO Box 1231

DePue, IL 61322

POLITICAL COMMITTEE
IDENTIFICATION NO.

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE									
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED:			AMOUNT OF FUNDS A CREATION DATE :\$	AVAILABLE 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.) REACTIVATING								
4.	POLITICAL COMMITTEE'S DESIGNATION ALL COMMITTEES CHOOSE ONE: CANDIDATE POLITICAL COMMITTEE* POLITICAL ACTION COMMITTEE POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE *For purposes of contribution limits and reporting multiple offices elected at different elections manual committees.	ng requiremen	TX :	NEW COMMITTEES MUSTATE POLITICAL COMMITTEES MUSTATE & LOCAL POLITICAL COMMITTEES & LOCAL POLITICAL PO	MITTEE CAL COMMITTEE MITTEE Annittee supporting a candidate for				
5.	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 COMMITT	TEE.							
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME AND ADDRESS	SUPPORT	OPPOS	E OFFICE	PARTY AFFILIATION				

COMMITTEE NAME: DePue/Bureau County Democratic Club				POLITICAL COMMITTEE IDENTIFICATION No.:			
8.	8. REQUIRED COMMITTEE OFFICERS.						
POSITION NAME		MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN							
TREASURER							
9,	POSITIO	N, NAME & MAILING ADDRESS OF	EACH CUSTODIAN	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION		NAME	MAILING ADDRE	SS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
	Anthon the Control of						
10.	10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)						
	In white	NAME	***************************************	ING ADDRESS AND PHONE NUMBER			
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 CHARITIBLE ORGANIZATION: IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS. VERIFICATION BALLOT INITIATIVE COMMITTEES ONLY 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, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/8)							
PRI	NTED AND	WRITTEN SIGNATURE OF COMM	ITTEE CHAIRPERSO	N DATE			
VERIFICATION: ALL POLITICAL COMMITTEES INCLUDING BALLOT INITIATIVE COMMITTEES 1 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.							
Richard P. Wilkin Pulis Powl Treasurer 12/81/10							
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 A: OUTLINED UNDER PUBLIC ACT 78-1188, 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.							
e-ma	102 SPRING fax	DARD OF ELECTIONS PO BOX 4187 10 S SPRING ST 10 FIELD, IL 62708-4187 12 217-557-5630	ELTICAL COMMITTEES RESTATE BOARD OF ELEC IAMES R. THOMPSON CO NOW RANDOLPH ST, ST CHICAGO, IL. 60601-3 fax; 312-814-6485 D1@ELECTIONS,IL.GO	THONS LOCAL POLITICAL COMMITTEES AND ENTER STATE & LOCAL POLITICAL COMMITTEES RETURN ORIGINAL TO: 232 STATE BOARD OF ELECTIONS AND A COPY TO EACH APPROPRIATE			