

**FORM** 

**D-1** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

11 1 - 12 3:21

Full name and complete mailing address of Political Committee:

Brady for Illinois P.O. Box 5314 Bloomington, IL 61702-5314

POLITICAL COMMITTEE JOENTIFICATION No.

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED: 12/29/2010		2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$ 0	BLE 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							
5.	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 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:  Statewide Elected Office  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. To support the election of Bill Brady to public office.							
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)							
NAME AND ADDRESS		SUPPORT	OPPOS	SE OFFICE	PARTY AFFILIATION			
Bill Brady		Ø		Statewide Elected Office	Republican			

сом	MITTEE N	AME: Brady for Illinois			POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	REQUIR	JIRED COMMITTEE OFFICERS.							
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN		Edward P. Brady		P.O. Box 5314 Bloomington, IL 61702-5314 309-663-5301 edbrady@bradyhomes.com					
TREASURER		Jane Torrance		P.O. Box 5314 Bloomington, IL 61702-5314 309-663-5301 jane@bradyhomes.com					
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.									
POSITION		NAME		MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS					
Director Treasurer		Dan Egler Jane Torrance	217~  P.O.		O. Box 5314 Bloomington, IL 61702-5314 17-494-6579 danegler@earthlink.net O. Box 5314 Bloomington, IL 61702-5314				
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)									
		NAME		MAILIN	NG ADDRESS AND PHONE NUMBER				
CEFCU Heartlar	nd Bank and	Frust Company	2323 E 401 N.	E. Empire, Bloomington, IL 61704 309.663.7900 . Hershey Road, Bloomington, IL 61704 309.662.					
RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.  TRANSFER TO ANOTHER POLITICAL COMMITTEE:  TRANSFER TO A CHARITIBLE ORGANIZATION:  TBD  TRANSFER TO A CHARITIBLE ORGANIZATION:  IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.									
				<del></del>					
VERIFICATION- BALLOT INITIATIVE COMMITTEES ONLY  1 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, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)									
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.									
Jane T	orrance, Tre	easurer Jane M. 7	or	rance	ance 12/29/2010				
		WRITTEN SIGNATURE OF TREA							
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 BOARD OF ELECTIONS STATE PO BOX 4187 JAMES 1020 S SPRING ST 100 W R. SPRINGFIELD, IL 62708-4187 CHIC fax: 217-557-5630				AL COMMITTEES RETURED BOARD OF ELECT S.R. THOMPSON CE RANDOLPH ST, STE CAGO, IL. 60601-323 fax: 312-814-6485 LECTIONS.IL.GOV(I	IONS LOCAL POLITICAL COMMITTEES AND STATE & LOCAL POLITICAL 14-100 COMMITTEES RETURN ORIGINAL TO: STATE BOARD OF ELECTIONS AND A COPY TO EACH APPROPRIATE				