



FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

11 MAR -4 AM 10:25

Full name and complete mailing address of Political Committee:

Committee for Fiscal Responsibility
1602 W. Kimmel
P.O. Box 939
Marion, IL 62959

E-MAIL ADDRESS: rosman@marion.quitamlaw.com

CHECK HERE IF ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION No.

23490-11

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

1.	DATE COMMITTEE CREATED: March 3, 2011	2.	AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$ 0
3.	<input checked="" type="checkbox"/> NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.) <input type="checkbox"/> AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF <u>ANY</u> CHANGES. <u>ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.</u>) <input type="checkbox"/> REACTIVATING		
4.	POLITICAL COMMITTEE'S DESIGNATION: <p style="text-align: center;">ALL COMMITTEES CHOOSE ONE:</p> <input type="checkbox"/> CANDIDATE POLITICAL COMMITTEE* <input checked="" type="checkbox"/> POLITICAL ACTION COMMITTEE <input type="checkbox"/> POLITICAL PARTY COMMITTEE <input type="checkbox"/> BALLOT INITIATIVE COMMITTEE <p>*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: _____</p>		
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) <u>Williamson County</u> B. POLITICAL PARTY AFFILIATION: <u>None</u> C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:		
6.	PURPOSE OF THE POLITICAL COMMITTEE. Restore fiscal responsibility to Marion Community Unit School District No. 2, Williamson and Johnson Counties		
7.	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
Todd Goodman - President of Board of Education Richard McFadden - Board Member Richard "Dick" Sanders - Vice President of Board of Education Michale Simmons - Board Member	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All board members for Marion CUSD 2 Board of Education, Marion, Illinois 1700 W. Cherry St., Marion, IL 62959	Unknown

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

COMMITTEE NAME: Committee for Fiscal Responsibility POLITICAL COMMITTEE IDENTIFICATION No.: 23490

8. REQUIRED COMMITTEE OFFICERS.

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS	
CHAIRMAN	Ronald E. Osman	1602 W. Kimmel P.O. Box 939 Marion, IL 62959	618-997-5151 rosman@marion.quitamlaw.com
TREASURER	Ronald E. Osman	1602 W. Kimmel P.O. Box 939 Marion, IL 62959	618-997-5151 rosman@marion.quitamlaw.com

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	
Chairman	Ronald E. Osman	1602 W. Kimmel P.O. Box 939 Marion, IL 62959	618-997-5151 rosman@marion.quitamlaw.com

**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	
The Bank of Marion	300 Tower Square Marion, IL 62959	618-997-4341

11. 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 - BALLOT INITIATIVE COMMITTEES ONLY

I 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)

Ronald E. Osman **RONALD E. OSMAN** 3/3/11
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.

Ronald E. Osman **RONALD E. OSMAN** 3/3/11
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.

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS
 PO BOX 4187
 1020 S SPRING ST
 SPRINGFIELD, IL 62708-4187
 fax: 217-557-5630

STATE BOARD OF ELECTIONS
 JAMES R. THOMPSON CENTER
 100 W RANDOLPH ST, STE 14-100
 CHICAGO, IL. 60601-3232
 fax: 312-814-6485

e-mail: D1@ELECTIONS.IL.GOV (D-1s ONLY)

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