

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BUARD OF ELECTIONS

FOR OFFICE USE ONLY

12 APR 10 PM 2: 04

Full name and complete mailing address of Political Committee:

Citizens for Theilen 1124 Larchmont Dr Springfield, IL 62704

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: kris@theilenforward8.com; patrickoravis@yahoo.com

	CHECK HERE	IF ADDRESS CHANGE	20255-1
SEE PAMPHLET "A	GUIDE TO CAMPAIGN	DISCLOSURE" FOR	GUIDANCE.

	SEE PAMPHLET "A GUIDE	TO CAMI	AIGN						
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$	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								
4.	POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE: CANDIDATE POLITICAL COMMITTEE* *For purposes of contribution limits and reporting requirements a 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 ACTION COMMITTEE POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE INDEPENDENT-EXPENDITURE-ONLY PAC** ** May not make direct contributions or coordinated expenditures.								
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 COMMITTEE.								
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				

COMMITTEE NAME:				POLITICAL COMMITTEE IDENTIFICATION No.:			
8.	REQUIR	ED COMMITTEE OFFICERS.					
POSITION NAME		NAME		MAILING ADDRES	S, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS		
CHAIRMAN							
TREASURER		Patrick O'Ravis		7 35 Evergreen Dr, Chatham, IL 62629 217-553-1104 patrickoravis@yahoo.com			
9.	POSITIO	N, NAME & MAILING ADDRESS (OF EA	CH CUSTODIAN C	F THE COMMITTEE'S BOOKS AND ACCOUNTS.		
РО	SITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
TREASURE Patrick O'Ravis			¶35 Evergreen Dr, Chatham, IL 62629 217-553-1104 patrickoravis@yahoo.com				
10.		ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA		OTHER REPOSITO	ORIES OF THE COMMITTEE FUNDS.		
		NAME		MAILING ADDRESS AND PHONE NUMBER			
			ı				
	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 CHARITIBLE ORGANIZATION:						
		IF MORE SPACE FOR INFORMA	TION IS	S REQUIRED, PLEAS	SE ATTACH ADDITIONAL SHEETS.		
VERIFICATION- <u>BALLOT INITIATIVE</u> COMMITTEES ONLY I DECLARE THAT THIS <u>BALLOT INITIATIVE</u> 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.							
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 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 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: <u>D1@ELECTIONS.IL.GOV</u>(**D-1s ONLY**)

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