

FORM

STATEMENT OF ORGANIZATION CLASS BY THE CONTROLS

PLEASE TYPE OR PRINT IN BLACK INK

CHECK HERE IF ADDRESS CHANGE

FOR OFFICE USE ONLY

12 JUL - 5 PH 12: 17

Full name and complete mailing address of Political Committee:

McHenry County Democratic Central Committee PO Box 1126

Crystal Lake, IL 60039-1126

POLITICAL COMMITTEE

IDENTIFICATION No. 1018 - 2

E-MAIL ADDRESS: chair@mchenrydems.org

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED:	2.	AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$					
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	OPPOS	OSE OFFICE PARTY AFFILIATION	<u></u>				

COMMITTEE N		•		POLITICAL COMMITTEE IDENTIFICATION No.:					
Metters, County Democratic Central Committee 1018									
8. REQUIRED COMMITTEE OFFICERS.									
POSITION	NAME		MAILING ADDRES	S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN	Michael Bissett		971 Brittany Bend, 847-669-0507 bissettm@mac.com						
TREASURER	Eric Silber		360 Hiawatha Dr, Lake in the Hills, IL 60156 847-208-0093 eric.silber@yahoo.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 ADDRE						
Treasurer	Eric Silber		360 Hiawatha Dr, Lake in the Hills, IL 60156 847-208-0093 eric.silber@yahoo.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						
Castle Bank			1620 Dodge St. Omaha, NE 68197 800-990-5713						
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 INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.									
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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)									
Michael Bissett MW 3 6/29/2012									
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.									
Erc Silber Eru Se 616									
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 PETIENI TO								

STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 e-mail: <u>D1@ELECTIONS.IL.GOV(D-1s ONLY)</u>

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(D-1s ONLY)</u>