

## **FORM**

**D-1** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

CHECK HERE IF ADDRESS CHANGE

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

MSEP -7 AM 8: 26

Full name and complete mailing address of Political Committee:

DUNDEE TOWNSHIP DEMOCRATIC CENTRAL COMMITTEE 1830 RIDGEFIELD DRIVE ALGONQUIN, IL 60102

POLITICAL COMMITTEE IDENTIFICATION No.

18097 - 2

E-MAIL	ADD	PESS:
L-IVIAIL	AUU	RESS.

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$	ABLE 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	OPPOS	E OFFICE	PARTY AFFILIATION			

COMMITTEE NAME:			POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	REQUIR	ED COMMITTEE OFFICERS.					
POSITION NAME		MA	MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS				
С	HAIRMAN						
			307 W. JACKSON ST. #3B WOODSTOCK, IL 60098 / 224-238-8231 / SCOTTJHERRON@GMAIL.COM				
9.	POSITIO	N, NAME & MAILING ADDRESS (	OF EACH (	CUSTODIAN O	F THE COMMITTEE'S BOOKS AND ACCOUNTS.		
POSITION NAME		MA	MAILING ADDRESS, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS				
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			
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 RE	QUIRED, PLEAS	E ATTACH ADDITIONAL SHEETS.		
VERIFICATION- <u>BALLOT INITIATIVE</u> COMMITTEES ONLY  I DECLARE THAT THIS <u>BALLOT INITIATIVE COMMITTEE</u> 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 DF OR OPPOSITION TO A CANDIDATE OR COMMITTEE IN VIOLATION, ELECTION, DR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)							
PRIN	IED AND	WRITTEN SIGNATURE OF COMM			DATE		
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY  I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY A CCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMIT OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.							
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE							
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE  VERIFICATION: ALL POLITICAL 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  THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU CHARLES A DOLLTON COMMITTEE AS							
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 7B-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE DR 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  STATE BOARD OF ELECTIONS							
STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD		JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100					
SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 e-mail: <u>D1@ELECTIONS.IL.GOV</u> ( <b>D-1s ONLY</b> )				CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: <u>D1@ELECTIONS.IL.GOV(D-1s ONLY)</u>			

www.elections.il.gov

PAGE 2 OF 2