FORM

FOR OFFICE USE ONLY

STATEMENT OF ORGANIZATION TATE BOARD OF ELECTIONS

Citizens First

Full name and complete mailing address of Political Committee:

PLEASE TYPE OR PRINT IN BLACK INK

12 OCT 23 AM 8: 38

7,	11 Haywood Drive Sund Lake IL 6007						
E-MAIL ADDRESS: QUIK ad Fryco att. CHECK HERE IF ADDRESS CHANGE					POLITICAL COMMITTEE IDENTIFICATION No. 24652-4		
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED:	0/18/12		AMOUNT OF FUNDS A CREATION DATE :\$	VAILABLE AS OF		
3.	BEFORE AN ELECTION.) 3. MEW 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) Pound Lake, IC B. POLITICAL PARTY AFFILIATION: None C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:						
6.	to elect the individuals declared in Section 7						
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							
See attached 🗵 🗆							

Daniel MacGillis 356 Goodnow Blvd Round Lake IL 60073 Village President, 4 Year Term

Support, No Affiliation

Patricia C. Blauvelt 1932 W River Oaks Dr Round Lake IL 60073 Village Clerk, 4 Year Term

Support, No Affiliation

Susan Triphahn 1517 5 Abington Lane Round Lake IL 60073 Village Trustee, 4 Year Term

Support, No Affiliation

Henry Frye Jr 291 Haywood Dr Round Lake IL 60073 Village Trustee, 4 Year Term

Support, No Affiliation

Don Newby 519 N Cedar Lake Rd #B Round Lake IL 60073 Village Trustee, 4 Year Term

Support, No Affiliation

COMMITTEE	VAME Litizens First		POLITICAL COMMITTEE IDENTIFICATION No.: 241652					
8. REQUIRED COMMITTEE OFFICERS.								
POSITION	NAME	MAILING ADDRESS	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS					
CHAIRMAN	Don Newby	1 ^ -	519 N Cedar Luke Rd #B 847-812-3335 Round Loke IL 60073 donneusby @ gol. com					
TREASURER	Laura Frye	291 Haywoo	244 222 2442					
9. POSITION, NAME & MAILING ADDRESS OF EACH CUST ODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.								
POSITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
Treasurer	Laura Frye		291 Haywood Dr 847-809-6779 Round Lake 160073 Jauradfrye @ att. no OTHER REPOSITORIES OF THE COMMITTEE FUNDS.					
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME		ADDRESS AND PHONE NUMBER					
First American Bank 1865 5 Cedar Lake Rd 847-586-2600 Round Lake 11 60073								
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: □ TO BE Determined								
	IF MORE SPACE FOR INFORMAT	TION IS REQUIR E D, PLEASE	ATTACH ADDITIONAL SHEETS.					
VERIFICATION BALLOT INITIATIVE COMMITTEES ONLY								
I DECLARE THAT THIS BALLOT INTIGATIVE 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 COMM	IITTEE CHAIRPERSON	DATE					
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY								
I DECLARE THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (1) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (1)) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE, AND (10) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN MOLATION OF THIS ARTICLE.								
PRINTED AND	WRITTEN SIGNATURE OF COMM	ITTEE CHAIRPERSON	DATE					
	VERIFIC	ATION: ALL POLITICAL COMM						
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 B OF THE ELECTION CODE. FUNDERSTAND THAT WILLFULLY FILING AFALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$ 1001 AND UP TO \$5000.								
DONA	Id News X	med fleet	10/2//1					
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.								
		LITICAL COMMITTEES RETURN	TO: STATE BOARD OF ELECTIONS					
	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 52704-4503		JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100					
e-mai	fax: 217-557-563U I: <u>D1@ELECTIONS.IL GOV(D-1s ONLY)</u>		CHICAGO, IL. 60601-3232 fax: 312-814-6485 -mail: <u>D1@ELECTIONS.IL.GOV</u> (D-1s-ONLY)					
		E-	THIRD DIECELO HONGLE GOVEN UNLT)					