



FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY ONS

12 NOV 16 AM 9: 15

Full name and complete mailing address of Political Committee:

Citizens to Elect Jim Harrison P.O. Box 10 Ringwood, IL 60072

POLITICAL COMMITTEE

E-MAIL ADDRESS: jimharrisonsdesk@gmail.com

IDENTIFICATION No. 24709-14 CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED: Novemb	per 15, 201	2 2.	AMOUNT OF FUNDS AVAILA CREATION DATE:\$3,000.00	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) McHenry County B. POLITICAL PARTY AFFILIATION: Republican						
	B. POLITICAL PARTY AFFILIATION: REPUBLICAN C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:						
6.	PURPOSE OF THE POLITICAL COMMITTEE. To support the candidacy of Jim Harrison for the Office of Sheriff of McHenry County, Illinois						
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		
Jim Harrison 508 Bald Knob Road Johnsburg, IL 60051		V		Sheriff ~ McHenry County, Illinois	Republican		

CDMMIT	TTEE N	Citizens to Elect Jim Harrison		POLITICAL COMMITTEE IDENTIFICATION No.: 24709		
8. R	EQUIRI	ED COMMITTEE OFFICERS.				
POSIT	10N	NAME	MAILING ADDRES	ESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS		
CHAIRMAN		Jim Harrison		08 Bald Knob Road, Johnsburg, IL 60051 (815) 338-7773 mharrisonsdesk@gmail.com		
TREASURER		Carolyn Harrison		Bald Knpb Road, Johnsburg, IL 60051 (815) 338-7773 plynharrisonsdesk@gmail.com		
9. PC	OSITIO	N, NAME & MAILING ADDRESS OF EA	CH CUSTODIAN	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
POSITION		NAME MAILING ADDR		ESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS		
Treasurer		Carolyn Harrison 508 Bald Knob Road		l, Johnsburg, IL 60051 (815) 338-7773		
		F ALL FINANCIAL INSTITUTIONS AND NDING, LIST ALL AS OF TODAY'S DATE.)	OTHER REPOSIT	ORIES OF THE COMMITTEE FUNDS.		
		NAME	MA(Li	NG ADDRESS AND PHONE NUMBER		
nase Bank		2911 G	ommerce Drive, Johnsb	ourg, IL 60051 (815) 344-4377		
XPENDITURA NY SOURCE	ES OF THE	ALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN DIVIATIONS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE	LLOT INITIATIVE COM E OF SUPPORTING OR OPPO IN THIS STATEMENT OF ORG, E CONTRIBUTIONS OR EXPE			
PRINTE	D AND	WRITTEN SIGNATURE OF COMMITTE	E CHAIRPERSON	DATE		
EXPENDITURE FROM ANY SC	ES OF THE OURCE, PR	COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED!	THE EXCLUSIVE PURPOSE OF IN THE STATEMENT OF OR EDOES NOT MAKE CONTRIBU	F MAKING INDEPENDENT EXPEN DITURES, (II) ALL CONTRIBUTIONS AND GANIZATION, (III) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS UTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMIT		
PRINTE	D AND	WRITTEN SIGNATURE OF COMMITTE	E CHAIRPERSON	DATE		
		VERIFICATION	N: ALL POLITICAL CO	MMITTEES		
ND BELIEF, I	IS A TRUE,	TATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANY) CORRECT, ANO COMPLETE STATEMENT OF ORGANIZATION A IT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND	NS REQUIRÊD BY ARTICLE 9 [MENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR		
Tim		ELSON Juni Sanix	Lon	November 15, 2012		
THE ILLINOI OUTLINED L	IS STATE UNOER PL	JBLIC ACT 78-1183, WILLFUL FAILURE TO FILE OR WI	E OF INFORMATION THA	<u>Date</u>		
	TE A BUS#	NESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000.	THIS FORM IS IN COMPL	AT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL		
	E A BUSH	NESS DEFENSE SUBJECT TO A FINE OF UP TO \$5000.	THIS FORM IS IN COMPL AL COMMITTEES RETU	NT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL JANCE WITH THE FORMS MANAGEMENT PROGRAM ACT. JRN TO:		
	E A BUSH	NESS DEFENSE SUBJECT TO A FINE OF UP TO \$5000. ALL POLITICA STATE BOARD OF ELECTIONS	THIS FORM IS IN COMPL	AT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL JANCE WITH THE FORMS MANAGEMENT PROGRAM ACT. JRN TO: STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER		
	E A BUSH	NESS DEFENSE SUBJECT TO A FINE OF UP TO \$5000. ALL POLITICA	THIS FORM IS IN COMPL	AT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL JANCE WITH THE FORMS MANAGEMENT PROGRAM ACT. JRN TO: STATE BOARD OF ELECTIONS		