## **FORM**

**D-1** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

13 JAN -8 PM 12: 68

Full name and complete mailing address of Political Committee:

Drew Muffler for Mayor 245 Nelson Rd. Morris, II 60450

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: roberts60450@gmail.com

CHECK HERE IF ADDRESS CHANGE 3483

| SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. |  |          |        |  |                   |  |  |
|---|--|----------|--------|--|-------------------|--|--|
| 1.  | DATE COMMITTEE CREATED: 01/05  | /13      |        | MOUNT OF FUNDS AVAILA<br>REATION DATE :\$3725.00 | 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:  City of Morris Mayor  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)  Grundy  B. POLITICAL PARTY AFFILIATION: Republican  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 |  |  |
| Drew Muffler<br>720 E. Jackson St                           |  | <b>\</b> |        | Mayor  | Republican        |  |  |

| CON  | MMITTEE N | AME:<br>Drew Muffler for Mayor  |   | POLITICAL COMMITTEE IDENTIFICATION No.: 24837   |  |  |  |  |
|--|-----------|---|---|---|--|--|--|--|
| 8.   | REQUIR    | REQUIRED COMMITTEE OFFICERS.  |   |   |  |  |  |  |
| POSITION   |           | NAME  | MAILING ADDRES  | MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS   |  |  |  |  |
| CHAIRMAN   |           | John Roth   | 1385 Fremont Ave.<br>Morris, IL 60450<br>815-942-5112 |   |  |  |  |  |
| TREASURER  |           | Tammy S. Roberts  | 245 Nelson Rd.<br>Morris, IL 60450                    | roberts60450@gmail.com  |  |  |  |  |
| 9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.   |           |   |   |   |  |  |  |  |
| POSITION   |           | NAME 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                      |   |  |  |  |  |
|  |           |   |   |   |  |  |  |  |
| TRANSFER TO A CHARITABLE ORGANIZATION:  IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.  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, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN MOLATION OF THIS ARTICLE, (10 ILCS 59) |           |   |   |   |  |  |  |  |
| PRINTED AND WRITTEN SIGNATURE OF COMMITTEE   |           |   | E CHAIRPERSON   | DATE  |  |  |  |  |
| VERIFICATION: <u>INDEPENDENT EXPENDITURE</u> COMMITTEES ONLY  1 DECLARE THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS PORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (2) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (31) 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 (W) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.   |           |   |   |   |  |  |  |  |
| PRIN   | ITED AND  | WRITTEN SIGNATURE OF COMMITTE   | E CHAIRPERSON   | DATE  |  |  |  |  |
| VERIFICATION: ALL POLITICAL COMMITTEES  1 DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SALEPOLIES 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 CITAL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.  |           |   |   |   |  |  |  |  |
|  | ammy      | J. Kineste - Tumor  |   |   |  |  |  |  |
| PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE  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.   |           |   |   |   |  |  |  |  |
|  |           |   | AL COMMITTEES RETU                                    | RN TO:<br>STATE BOARD OF ELECTIONS  |  |  |  |  |
|  | e-mai     | STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 i: D1@ELECTIONS.IL.GOV(D-1s ONLY) |   | JAMES R. THOMPSON CENTER  100 W RANDOLPH ST, STE 14-100  CHICAGO, IL. 60601-3232  fax: 312-814-6485 |  |  |  |  |

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