FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF CLECTIONS

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

13 JAN 16 AM 10: ! 16

Litizenster Lina R. Hill 130 Verbenaln, Woodstock, ILGOOGS

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$	BLE AS OF		
3.	 NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS						
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		

COM	MITTEE N	AME:		POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	8. REQUIRED COMMITTEE OFFICERS.							
POSITION		NAME	MAILING ADDRES	SS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS				
CHAIRMAN								
TF	REASURER							
9.	POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.							
POSITION		NAME	MAILING ADDRES	SS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
10.	10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.							
		NAME	MAILI	MAILING ADDRESS AND PHONE NUMBER				
11.	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 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, ELECTION, OR RETENTION, AND FALLURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/8)								
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE								
PRIM	TIED AND							
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 ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTED OR POUTICAL 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								
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 WILLIFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.								
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PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE THE ILLINDIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS								
DUTLINED 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 TD \$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 HANDER D. THOMPSON CENTER								
2329 S MACARTHUR BLVD				JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100				
		SPRINGFIELD, IL 62704-4503 fax: 217-557-5630		CHICAGO, IL. 60601-3232				
e-mail: @ingration in the control (D-1s ONLY)				fax: 312-814-6485 e-mail: <u>(D</u> -1s ONLY)				