

FORM

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY TATE BOARD OF ELECTIONS

13 JAN 30 AK 8: 10

Full name and complete mailing address of Political Committee:

Citizens for C.D. Davidsmeyer PO Box 401 Jacksonville, IL 62651

POLITICAL COMMITTEE IDENTIFICATION No.

identification No 24969 - 10

E-MAIL ADDRESS; electcd@gmail.com

	CHECK	HERE	IF	<b>ADDRESS</b>	CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED: 01/28/2013			AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$0			
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: Illinois State Representative, 100th Dis.  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 AC  A. THIS COMMITTEE WILL PRIMARILY OPER (not applicable if operating statewide or supporting 100th State Representative District  B. POLITICAL PARTY AFFILIATION: Republic C. NAME AND ADDRESS OF EACH SPONSOR	ATE IN THE F g/opposing state can RING ENTITY	OLLOWIN wide candida	G COUNTY(IES) OR DISTRICT(S	):		
6.	To raise funds to support a political candidate.						
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS DE TODAY'S DATE.)						
	NAME AND ADDRESS	SUPPORT	OPPDSE	OFFICE	PARTY AFFILIATION		
Christopher "C.D." Davidsmeyer  28 Elizabeth Place  Jacksonville, IL 62650  State Representative, 100th District		Republican					

COM	MITTEE N	IAME: Citizens for C.D. Davidsmeyer		POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	REQUIR	ED COMMITTEE OFFICERS.						
POSITION		NAME	MAILING ADDRE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN		Christopher D. Davidsmeyer	28 Elizabeth Place Jacksonville, IL 6265 electcd@gmail.com	Jacksonville, IL 62650				
TREASURER		Christopher D. Davidsmeyer	28 Elizabeth Place Jacksonville, IL 6265	28 Elizabeth Place Jacksonville, IL 62650				
9.	POSITIO	N, NAME & MAILING ADORESS	OF EACH CUSTOOIAN	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.				
POSITION		NAME	MAILING ADDRE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
Administrator		Jenny Geirnaeirt	1217 Maple Street, J	1217 Maple Street, Jacksonville, IL 62650 217-370-0997, jennygeirnaeirt@gmail.com				
10.		F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S D		FORIES OF THE COMMITTEE FUNOS.				
		NAME	MAIL	MAILING ADDRESS AND PHONE NUMBER				
The Farmers State Bank & Trust Company			200 West Stata Street Jacksonville, IL 62650 217-479-4000					
EXPEND ANY SO	RE THAT THIS B	VERIFICATI  ALLOT INITIATIVE COMMITTEE IS FORMED FOR THE COMMITTEE WILL BE USED FOR THE PURPOSE DES DITHAT THIS BALLOT INITIATIVE COMMITTEE DOES.	ATION IS REQUIRED, PLEA  ON-BALLOT INITIATIVE COM  PURPOSE OF SUPPORTING OR DPP  SCRIBED IN THIS STATEMENT OF ORE  NOT MAKE CONTRIBUTIONS OR EXPE	ASE ATTACH ADDITIONAL SHEETS.  RMITTEES ONLY  DISING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND SANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM INDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES IS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE, (10 ILCS 579)				
PRIN	TEO AND	WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSON	DATE				
		VERIFICATION: 1	NDEPENDENT EXPENDITURE	COMMITTEES ONLY				
FROM A OR POL	TICAL ACTION O	COMMITTEE WILL BE USED FOR THE PURPOSE DE OVIDED THAT THE INDEPENDENT EXPENDITURE OF OMMITTEE, AND (M) FAILURE TO ABIDE BY THESE RE LEVEL D. Davids me yl	SCRIBED IN THE STATEMENT OF OR DOMMITTEE DOES NOT MAKE CONTRIBE COURTEMENTS SHALL DEEM THE CONTRIBETOR OF THE STATEMENT	uishung 1/28/2013				
PRIN	TED AND	WRITTEN SIGNATURE OF COM	WITTEE CHAIRPERSON	DATE				
AND BE	JEF, IS A TRUE, (	TATEMENT OF ORGANIZATION (INCLUDING ANY ACC	IZATION AS REQUIRED BY ARTICLE 9	MMITTEES  EMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY F(UNG A FALSE OR				
	istoph		Clientes & Sac	ideng 1/28/2013				
THE ILI	INOIS STATE	IBLIC ACT 78-1183. WILLFUL FAILURE TO FILE	CLOSURE OF INFORMATION THE E OR WILLFUL FILING OF FALSE	E OATE  AT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL LIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.				
301101		والمراجعة	OLITICAL COMMITTEES RET					
STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 e-mail: D1@ELECTIONS.IL GOV(D-1s DNLY)				STATE BOARD OF ELECTIONS  JAMES R. THOMPSON CENTER  100 W RANDOLPH ST, STE 14-100  CHICAGO, IL, 60601-3232  fax: 312-814-6485				