

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY
STATE BOARD OF ELECTIONS

13 APR 23 AM 9: 06

Full name and complete mailing address of Political Committee:

Credit Union Political Action Council (CUPAC) IL 1807 W. Diehl PO Box 3107 Naperville, IL 60566-7107

POLITICAL COMMITTEE IDENTIFICATION No.

560 -10

E-MAIL ADDRESS: pat.huffman@ilcusys.org

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED:			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 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)							
	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	DFFICE	PARTY AFFILIATION			

COV	MMITTEE N	AME: Credit Union Political Action Counci	POLITICAL COMMITTEE IDENTIFICATION No.: 560			
8.	REQUIR	ED COMMITTEE OFFICERS.				
POSITION		NAME MAILING ADDRE		SS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
CHAIRMAN		Brenda Crane	217-893-5202	Credit Union 1, PO Box 100, Rantout, IL 61866 217-893-5202 bcrane@creditunion1.org		
TREASURER		Brian Cedergren		50 W. Renwick Road, Romeoville, IL 60446 dergren@ebricu.com		
9.	POSITIO	N, NAME & MAILING ADDRESS OF	EACH CUSTODIAN	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
POSITION		NAME	MAILING ADDRE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
10.		F ALL FINANCIAL INSTITUTIONS A NDING, LIST ALL AS OF TODAY'S DATE		TORIES OF THE COMMITTEE FUNDS.		
NAME		NAME	MAILING ADDRESS AND PHONE NUMBER			
EXPEN	TRA TRA TRA ARE THAT THIS E	ALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PUR COMMITTEE WILL BE USED FOR THE PURPOSE DESCRI DITHAT THIS BALLOT INITIATIVE COMMITTEE DDES NOT	MITTEE: TON: TON: TON: BALLOT INITIATIVE COST RPOSE OF SUPPORTING OR OPP BEO IN THIS STATEMENT DEF OR: MAKE CONTRIBUTIONS OR EXP	ASE ATTACH ADDITIONAL SHEETS. MMITTEES ONLY OSING A QUESTION OF PUBLIC POUCY, ALL CONTRIBUTIONS AND DANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM INDITURES IN SUPPORT OF OR OPPOSTION TO A CANDIDATE OR CANDIDATES		
				S SHALL DEEM THIS COMMITTEE IN MOLATION OF THIS ARTICLE. (10 P.CS 549)		
	PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY					
FROM	DITURES OF THE ANY SOURCE, PR	INDEPENDENT EXPENDITURE COMMITTEE IS FORMED I	FOR THE EXCLUSIVE PURPOSE NBED IN THE STAYEMENT OF O ITTEE DOES NOT MAKE CONTRI	— OF MAKING INDEPENDENT EXPEN DITURES, (II) ALL CONTRIBUTIONS AND RGANIZATION, (III) THE COMMITTEE MAY A CCEPT UNI IMITED CONTRIBUTIONS BUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTE		
PRIN	TED AND	WRITTEN SIGNATURE OF COMMIT	TEE CHAIRPERSON	DATE		
		VERIFICA	TION: ALL POLITICAL CO	MMITTEES		
AND BE	ELIEF, IS A TRUE,	TATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMM CORRECT, AND COMPLETE STATEMENT OF ORGANIZAT NT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001	ION AS REQUIRED BY ARTICLE 9	EMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE OF THE ELECTION CODE. I UNDERSTAND THAT WILLPULLY FILING A FALSE DR		
)ria		Corgren Sain (WRIPTEN SIGNATURE OF TREASL	Colf	4/22/13 E DATE		
THE I	LLINOIS STATE	BOARD OF ELECTIONS REQUIRES THE DISCLOUBLIC ACT 78-1183, WILL FUL FAILURE TO FILE O	SURE OF INFORMATION THE	E DATE AT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL PLANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		
		ALL POLI	TICAL COMMITTEES RET			
	e-ma	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVO SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 il: D1@ELECTIONS.IL.GOV(0-1s ONLY)		STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: D1@ELECTIONS.IL.GOV/D-1s ONLY)		