



FORM

Full pame and complete mailing address of Political Committee:

STATEMENT OF ORGANIZATIONATE BOARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

13 MAY 17 PM 3: 30

of Sue Scherer 711 E. Stella Dr. Decatur, IL 62526 POLITICAL COMMITTEE IDENTIFICATION No. E-MAIL ADDRESS: CHECK HERE IF ADDRESS CHANGE SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. AMOUNT OF FUNDS AVAILABLE AS OF DATE COMMITTEE CREATED: **CREATION DATE:\$** INEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS **BEFORE** AN ELECTION.) 3. AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 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/apposing statewide candidates or ballot initiatives) B. POLITICAL PARTY AFFILIATION:_ C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: PURPOSE OF THE POLITICAL COMMITTEE. 6. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.) SUPPORT **OPPOSE OFFICE** NAME AND ADDRESS PARTY AFFILIATION Sue Scherer 5-fate Rep. Democrat

711 E. Stella Dr.

Decatur, IL 62526

	MITTEEN 1810		POLITICAL COMMITTEE IDENTIFICATION No.:
8. REQUIRED COMMITTEE OFFICERS.			
POSITION		NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN		Brad Scherer	711 E. Stella Decatur, IL 217-620-6211 Suescherfor state repayahoon
TREASURER		Doug Soelbing	769 Crystal Ct., Deratur, IL 217-875-1836
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND			CH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.
POSITION		NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
-v-	diantin	Doug Soebbing	164 Crystal Ct., Decatur, IL 875-1836
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
4.4	·		
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.			
	TRAN	SFER TO ANOTHER POLITICAL COMMITTE	EE:
	L_ TRAN	SFER 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 1 HIS 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 DR OPPOSITION TO A CANDIDATE OR CANDIDATE OR NOW, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIDLATION OF THIS ARTICLE. (10 ILCS 5/9)			
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE			
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY			
DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE'S FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (iii) 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 DOMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION CONMITTEE, AND (iv) FALURE TO ASIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.			
PRINT	D AND W	RITTEN 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 SELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILL FULLY FILING A FALSE OR INCOMPLETE STATEMENT. S. SUBJECT TO A CIVIL PENALTY OF AT LEAST \$ 1001 AND UP TO \$5000.			
Su		cherer Sue Sc	cherer 5/4/13
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE DATE			
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUT INDICATED UNDER PUBLIC ACT 70-1100. WILLIFUL FAILURE TO FILE OR WILLIFUL FILE OF A FILE OR WILLIFUL FILE OF A FILE			
ALL POLITICAL COMMITTEES RETURN TO:			
	5	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD	STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER
SPRINGFIELD, IL 62704-4503			100 W RANDOLPH ST, STE 14-100 CHICAGO. IL. 60601-3232
fax: 217-557-5630 e-mail: <u>D1@ELECTIONS.JL GOV(D-1s ONLY)</u>			fax: 312-814-6485 e-maii: D1(@ELECTIONS !!_GOV(D-1s ONLY)
			C-mail Director noise (Cov(D-18 DNLT)