



## **FORM**

## STATEMENT OF ORGANIZATION FOR OF ELECTIONS PLEASE TYPE OR PRINT IN BLACK INC.

Full name and complete mailing address of Political Committee:

Citizens to Elect Bellar 8513 Johnston Road Burr Ridge, IL 60527

> POLIFICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: bbellar102@aol.com

123011 - 3

|  |  | U CHECK | DERE IF A | DDRESS CHANGE                             |     |                  |  |  |  |  |
|--|--|---------|-----------|---|-----|------------------|--|--|--|--|
| SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIL ANCE. |  |         |           |   |     |                  |  |  |  |  |
| 1.   | DATE COMMITTEE CREATED: 9/24/  | 2013    |           | AMOUNT OF FUNDS A<br>CREATION DATE :\$6,0 |     | BLE AS OF        |  |  |  |  |
| 3.   | ☐ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED BEFORE AN ELECTION.)  ☐ AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGE 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 sup; orting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriat a office. This office is: 2014 Election Cycle |         |           |   |     |                  |  |  |  |  |
|  | 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)   Cook County  B. POLITICAL PARTY AFFILIATION: Republican  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:         |         |           |   |     |                  |  |  |  |  |
|  |  |         |           |   |     |                  |  |  |  |  |
| 6.   | To support and elect Barbara Bellar for Cook County Board D strict 17  |         |           |   |     |                  |  |  |  |  |
| 7.   | CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)  |         |           |   |     |                  |  |  |  |  |
|  | NAME AND ADDRESS   | SUPPORT | OPPOSE    | OFFICE                                    |     | PARTYAFFILIATION |  |  |  |  |
| Barbara Bellar<br>8513 Johnston Road<br>Burr Ridge, IL 60527 |  | V       |           | Cook County Boar<br>District 17           | rd, | Republican       |  |  |  |  |
|  |  |         |           |   |     |                  |  |  |  |  |

| COMMITT   | E NAME; Citziens to Elect Bellar  | "              |  | POLITICAL COMMITTEE                   | IDENTIFICATION No.: |  |  |  |  |
|---|---|----------------|--|---------------------------------------|---------------------|--|--|--|--|
| 8. REQ  | 8. REQUIRED COMMITTEE OFFICERS.   |                |  |                                       |                     |  |  |  |  |
| POSITION NAME   |   |                | MAILING ADDRESS                          | R, AND E-MAIL ADDRESS                 |                     |  |  |  |  |
| CHAIRM  | AN Barbara Sellar   | Barbara Seilar |  | Burr Ridge, IL 80527                  |                     |  |  |  |  |
| TREASUR   | ER Barbara Bellar   |                | 8513 Johnston Road, Burr Ridge, JL 60527 |                                       | 4                   |  |  |  |  |
| 9. Pos  | OKS AND ACCOUNTS.   |                |  |                                       |                     |  |  |  |  |
| POSITION  | NAME  | NAME           |  | MAILING ADDRESS, DAYTIME PHONE NUMBI  |                     |  |  |  |  |
| Bookkeeper  | Vivienne Porter / C3 Solutions, Inc.  |                | PO Box 823, Lockport, IL 60441           |                                       |                     |  |  |  |  |
| 10. LIS   | E FUNDS.  |                |  |                                       |                     |  |  |  |  |
| NAME  |   |                | MAILIN                                   | G ADDRESS AND PHONE                   | UMBER               |  |  |  |  |
| JP Morgan Chas  | Bank NA   | PO Bo          | x 659754, Sen Antonio,                   |                                       |                     |  |  |  |  |
|   | OF THE COMMITTEE:   |                |  |                                       |                     |  |  |  |  |
|   | RANSFER TO A CHARITABLE ORGANIZ  IF MDRE SPACE FOR INFORMA  |                |  | E ATTACH ADDITIONAL SH                |                     |  |  |  |  |
|   | <u>:E16.</u>  |                |  |                                       |                     |  |  |  |  |
| ANY SQURCE PR   | CONTRIBUTIONS AND UNLIMITED CONTRIBUTIONS FROM 1 TO A CANDIDATE OR CANDIDATES ON OF THIS ARTICLE. (10 ILCS 6/9) |                |  |                                       |                     |  |  |  |  |
| PRINTED A   | DATE  |                |  |                                       |                     |  |  |  |  |
| <del></del>   | VERIFICATION: []  | IDECEN         | DENT EXPENDITURE                         | COMMITTEES ONLY                       |                     |  |  |  |  |
| I DECLARE THAT I<br>EXPENDITURES O<br>PROMANY SOURI<br>OR POLITICAL AC                      | (II) ALL CONTRIBUTIONS AND CCEPT UNLIMITED CONTRIBUTIONS MMITTEE, FOLITICAL PARTY COMMITTEE                     |                |  |                                       |                     |  |  |  |  |
| PRINTED A   | DATE  |                |  |                                       |                     |  |  |  |  |
| ——————————————————————————————————————  |   |                |  |                                       |                     |  |  |  |  |
| I DECLARE THAT I<br>AND BELIEF, IS A<br>INCOMPLETE STA                                      | . TO THE BEST OF MY KNOWLEDGE<br>HAT WILLFULLY FILING A FALSE OR  |                |  |                                       |                     |  |  |  |  |
| (1) So  | ıry 4, 2014   |                |  |                                       |                     |  |  |  |  |
| ONTLINED UND  | DATE AS A POLITICAL COMMITTEE AS QUIRED BY THIS ARTICLE SHALL   |                |  |                                       |                     |  |  |  |  |
| CONSTITUTE A  | ENT PROGRAM ACT.  |                |  |                                       |                     |  |  |  |  |
| STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 |   |                | COMMITTEES RETUR                         | CTIONS<br>CENTER<br>FE 14-100<br>3232 |                     |  |  |  |  |
|   | -mail: D1@ELECTIONS.IL.GOV(D-1s ONLY)   |                |  | ر(D-1s ONLY)                          |                     |  |  |  |  |