

FORM

STATEMENT OF ORGANIZATION BOARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

14 MAY -7 AM 8: 10

Full name and complete mailing address of Political Committee:

Aurora Township Republican Central Committee PO Box 40 Aurora, IL 60507-0040

E-MAIL ADDRESS; niuhuskie83@yahoo.com

POL TICAL COMMITTEE IDENTIFICATION No.

768 ~ 10

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.										
1.	DATE COMMITTEE CREATED:		2.	AMOUNT OF FUNDS AVAIL CREATION DATE :\$	ABLE AS OF					
3.	■ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CF EATED WITHIN 30 DAY BEFORE AN ELECTION.) AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER DNLY THOSE CF ANGES FROM LAST D- 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 iorting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropria e 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(\$): (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	OFFICE	PARTY AFFILIATION					

COMMITTEE NAME: Aurora Township Republican Central C				ommittee	POLITICAL COMMITTE 768	E IDENTIFICATION No.:		
8.	REQUIR	ED COMMITTEE OFFICERS.	<u> </u>					
POSITION		NAME		MAILING ADDRES	S. DAYTIME PHONE NUME	ER, AND E-MAIL ADDRESS		
CHAIRMAN		Lindsey Timm		1960 Alschüler Dr., Aurora, IL 60506 630-631-8720, lindsey@potski.com				
TREASURER		Taylor McWilliams		840 Shagbark Ln, Apt 202, North Aurora, IL 60542 630-770-4985, piubuskie83@vahoo.com				
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EAC	CH CUSTODIAN O	F THE COMMITTEE'S B	OKS AND AC	COUNTS.	
PDSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMB		ER, AND E-MAIL ADDRESS		
Treasurer		Taylor McWilliams		840 Shagbark Ln, Apt 202, North Aurora, IL 60542, 630		.770-4985, niuhuskie83@yahoo.co		
10.	LIST OF	EE FUNDS.						
		NAME		MAILIN	G ADDRESS AND PHONE	NUMBER		
Old Second National Bank			37 South River St, Aurora, IL 60506 630-892-0202					
	TRAN	JRN TO CONTRIBUTORS IN AMOUN ISFER TO ANDTHER POLITICAL CO ISFER TO A CHARITABLE ORGANIZ IF MORE SPACE FOR INFORMA	OMMITTE ZATION:	E:			· · · · · · · · · · · · · · · · · · ·	
			**			IEE I S.		
EXPEND ANY SDI	ITURES OF THE (LLOT INITIATIVE COMMITTEE IS FORMED FOR THE COMMITTEE WILL BE USED FOR THE PURPOSE DES IT THAT THIS BALLOT INITIATIVE COMMITTEE DOES IN LECTION ELECTION OR RETENTION, AND FAILURE	PURPOSE (SCRIBED IN	THIS STATEMENT OF ORGAN	ING A QUESTION OF PUBLIC POLICY, A NIZATION, THE COMMITTEE MAY ACCE! NITURES IN SUPPORT OF OR OPPOSITI	ON TO A CANDIDATE OF	R CANDIDATES	
PRIN	TED AND	WRITTEN SIGNATURE OF COM		CHAIRPERSON DENT EXPENDITURE (DATE		
FROM A	ITURES OF THE	5. (ii) ALL CONTRIBUTIONS AND ACCEPT UNLIMITED CONTRIBUTIONS OMMITTEE, POLITICAL PARTY COMMITTEE						
PRIN'	TED <u>AND</u> (WRITTEN SIGNATURE OF COM	WITTEE	CHAIRPERSON			DATE	
		VERIFI	CATION:	ALL POLITICAL COM	MITTEES			
AND BEL	IEF, IS A TRUE, C	ATEMENT OF ORGANIZATION (INCLUDING ANY ACC ORRECT, AND COMPLETE STATEMENT OF ORGANI LIS SUBJECT TO A CIVIL PENALTY OF AT LEAST ST	ZATION AS I	REQUIRED BY ARTICLE 9 OF	ENTS) HAS BEEN EXAMINED BY ME. AN THE ELECTION CODE. I UNDERSTAND	I, TO THE BEST OF MY THAT WILLFULLY FIUN	KNOWLEDGE G A FALSE OR	
C	Soly	MeW Maris Ton	S W	(whi	_	4	25/14	
	TED AND V	DATE						
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION RECONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000, THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGE ALL POLITICAL COMMITTEES RETURN TO:							QUIRED BY THIS ARTICLE SHALL	
	e-mail	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 : D1@ELECTIONS IL GOV(D-1s ONLY)			STATE BOARD OF ELI JAMES R. THOMPSON 100 W RANDOLPH ST, S CHICAGO, IL, 60601- fax: 312-814-648 e-mail: D1@ELECTIONS.IL,GC	CENTER TE 14-100 3232 i		