



NON-PROFIT ORGANIZATION STATEMENT OF REGISTRATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

09 JUN 2008 11:49

Full name and complete mailing address of Non-Profit Organization:
Greater Decatur NFP, 111 E. Main Street, Suite 110, Decatur, IL 62523

THIS FORM MAY BE TRANSMITTED BY FAX:
217-782-5959
THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

E-MAIL ADDRESS: president@decaturchamber.com

ORGANIZATION IDENTIFICATION NO

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1. DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD: February, 2008

2. NEW ORGANIZATION AMENDMENT
(MUST BE FILED WITHIN 10 DAYS OF **ANY** CHANGES.)

3. PURPOSE(S) OF THE ORGANIZATION:
To provide information to local citizens regarding candidates running for local office in Macon County.

4. REQUIRED ORGANIZATION OFFICERS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Randy Prince	111 E. Main Street, Suite 110, Decatur, IL 62523, (217) 422-2200, president@decaturchamber.com
TREASURER	Christine Pinckard	111 E. Main Street, Suite 110, Decatur, IL 62523, (217) 422-2200, vicepresident@decaturchamber.com

5. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE ORGANIZATION'S BOOKS AND ACCOUNTS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
President	Randy Prince	111 E. Main Street, Suite 110, Decatur, IL 62523, president@decaturchamber.com

VERIFICATION

I DECLARE THAT THIS STATEMENT OF REGISTRATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF REGISTRATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

Christine E. Pinckard *Randy Prince*
PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

June 26, 2009

DATE

THE STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A NON-PROFIT ORGANIZATION AS OUTLINED UNDER PUBLIC ACT 90-737 AS AMENDED BY PUBLIC ACT 94-645. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

NON-PROFIT ORGANIZATIONS SHALL RETURN THIS FORM TO:
STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, IL 62704-2924