



# NON-PROFIT ORGANIZATION STATEMENT OF REGISTRATION

**FILED**  
 State Board of Elections  
 SPRINGFIELD, ILLINOIS  
 AM JAN - 9 2008 PM  
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PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Non-Profit Organization:

Preserve Campton, NFP  
 P.O. Box 355  
 Wasco, IL 60183

E-MAIL ADDRESS: Contact@preservecampton.org

CHECK HERE IF ADDRESS CHANGE

THIS FORM MAY BE TRANSMITTED BY FAX: 217-782-5959  
 THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.  
 ORGANIZATION IDENTIFICATION NO.

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

- DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD. 12/31/2007
- NEW ORGANIZATION (NFP FORM 2004)  AMENDMENT  
NEW TO ELECTION DISCLOSURE (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)
- PURPOSE(S) OF THE ORGANIZATION: To promote, and maintain the quality and character of Campton Township and surrounding areas, as a low density, open space and environmentally friendly community.
- REQUIRED ORGANIZATION OFFICERS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Don Peckham	71260 Fox Bend Drive St Charles, IL 60175 847-461-1048 DPeckham@Comcast.net
TREASURER	Mary Fredrick Email: M.Fredrick@tel.com	71531 Phoebe Ln Dr. St. Charles, IL 60175 630-513-7579 or 630-461-1941

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
Treasurer	Mary Fredrick	71531 Phoebe Ln Dr. St. Charles, IL 60175

### 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.

*Mary C. Fredrick*  
 PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER DATE 1/9/08

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