



NON-PROFIT ORGANIZATION STATEMENT OF REGISTRATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

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

Southern and Central Illinois Laborers' Political League
5100 Laborers' Way - Suite A
Marion, IL 62959

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

E-MAIL ADDRESS: johnr@clearwave.com

ORGANIZATION
IDENTIFICATION NO.

CHECK HERE IF ADDRESS CHANGE

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

1. DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD: N/A - NEW APPLICATION effective 01/01/07 per 26 IL Adm. Code 100.130
2. NEW ORGANIZATION AMENDMENT
(MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)
3. PURPOSE(S) OF THE ORGANIZATION: To support candidates, legislation, regulatory and public policy issues consistent with the goals of The Laborers' International Union of North America
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	Edward M. Smith	1 North Old State Capital Plaza - Suite 525 Springfield, IL 62701 (217) 522-3381 mrliona@aol.com
TREASURER	John R. Taylor	5100 Laborers' Way - Suite A Marion, IL 62959 (618) 998-1787 johnr@clearwave.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
Treasurer	John R. Taylor	5100 Laborers' Way - Suite A Marion, IL 62959 (618) 998-1787 johnr@clearwave.com

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.

John R. Taylor

John R. Taylor

03/11/2008

PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

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 94-845. 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