

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BUASE OF CLECTIONS

10 00T 14 PH 2: 30

Full name and complete mailing address of Political Committee:

Brad Miller Regular Woodside 1529 Woodside Rd. Rapublecun Comm. Spfld IL LZ711

E-MAIL ADDRESS: bMiller@ issinghousen. Com

POLITICAL COMMITTEE **IDENTIFICATION No.**

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. AMOUNT OF FUNDS AVAILABLE AS OF 1 **DATE COMMITTEE CREATED: CREATION DATE:\$** NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS **BEFORE** AN ELECTION.) 3. AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.) REACTIVATING POLITICAL COMMITTEE'S DESIGNATION: 4 **ALL COMMITTEES CHOOSE ONE:** ALL NEW COMMITTEES MUST ALSO CHOOSE ONE: CANDIDATE POLITICAL COMMITTEE* STATE POLITICAL COMMITTEE □ POLITICAL ACTION COMMITTEE STATE & LOCAL POLITICAL COMMITTEE M POLITICAL PARTY COMMITTEE LOCAL POLITICAL COMMITTEE BALLOT INITIATIVE COMMITTEE *For purposes of contribution limits and reporting requirements a single Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is: 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) B. POLITICAL PARTY AFFILIATION: C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: PURPOSE OF THE POLITICAL COMMITTEE. 6 7 CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.) NAME AND ADDRESS **SUPPORT OPPOSE OFFICE** PARTY AFFILIATION

CON	MITTEE N	AME:			POLITICAL COMMIT	TTEE IDENTIFICATION No.:		
8.	REQUIRED COMMITTEE OFFICERS.							
POSITION NAME		MAILING A	DDRES	S, DAYTIME PHONE N	UMBER, AND E-MAIL ADDRES	S		
CHAIRMAN								
TREASURER		BRAD Miller	152 Safid	•	Woodside L 62711	121 725-896 bmilleraissingha		
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.								
POSITION		NAME	MAILING A	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
10.		F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA		POSITO	ORIES OF THE COM	WITTEE FUNDS.		
	NAME			MAILING ADDRESS AND PHONE NUMBER				
11. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE: RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS. TRANSFER TO ANOTHER POLITICAL COMMITTEE: TRANSFER TO A CHARITIBLE ORGANIZATION:								
		IF MORE SPACE FOR INFORMA	TION IS REQUIRED	, PLEAS	SE ATTACH ADDITIONA	AL SHEETS.	_	
VERIFICATION- BALLOT INITIATIVE COMMITTEES ONLY I DECLARE THAT THIS BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)								
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE							_	
VERIFICATION: ALL POLITICALCOMMITTES INCLUDING BALLOT INITIATIVE COMMITTEES I DECLARE THAT THIS STATEMENT OF ORGANIZATION (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 ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.								
	BD	MILL Braden	1:11er			15-14-10		
THE IL	LINOIS STATE	WRITTEN SIGNATURE OF TREA BOARD OF ELECTIONS REQUIRES THE DISC	CLOSURE OF INFORMAT	ION THA	T IS NECESSARY IF YOU QU			
	STATE BOA PC 1020 SPRINGFI	ARD OF ELECTIONS D BOX 4187 S SPRING ST 10 ELD, IL 62708-4187	D \$5000. THIS FORM IS IN DLITICAL COMMITTEE STATE BOARD OF I JAMES R. THOMPS OO W RANDOLPH ST CHICAGO, IL. 606	N COMPL S RETU ELECTI ON CEN T, STE 501-323	IANCE WITH THE FORMS MAIN TO: ONS LOCAL VITER ST 14-100 COMMIT 2 STA	NAGEMENT PROGRAM ACT. POLITICAL COMMITTEES AND TATE & LOCAL POLITICAL ITEES RETURN ORIGINAL TO TE BOARD OF ELECTIONS);	
e-mail		217-557-5630 <u>TIONS.IL.GOV(D-1s ONLY) e-</u> mail: _.	fax: 312-814-6 D1@ELECTIONS.IL			OPY TO <u>EACH</u> APPROPRIATE COUNTY CLERK.	=	

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