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FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

11 MAR 17 AM 10:17

Full name and complete mailing address of Political Committee:

Effingham County Democratic Comm
PO Box 1052
Effingham, IL 62401-1052

Committee ID: 306
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POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

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

1. DATE COMMITTEE CREATED: 2. AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$

3. NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.)
AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)
REACTIVATING

4. POLITICAL COMMITTEE'S DESIGNATION:
ALL COMMITTEES CHOOSE ONE:
CANDIDATE POLITICAL COMMITTEE\*
POLITICAL ACTION COMMITTEE
POLITICAL PARTY COMMITTEE
BALLOT INITIATIVE COMMITTEE
ALL NEW COMMITTEES MUST ALSO CHOOSE ONE:
STATE POLITICAL COMMITTEE
STATE & LOCAL POLITICAL COMMITTEE
LOCAL POLITICAL 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):
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.)

Table with 5 columns: NAME AND ADDRESS, SUPPORT, OPPOSE, OFFICE, PARTY AFFILIATION