Basis Durenter Charletts

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**FORM** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Political Committee:

Citizens To Elect Tom Weber 37597 N. Douglas Lane Lake Villa, Illinois 60046

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: TomWeberDistrict3@gmail.com

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED: August 2011	l .	2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$100.00	BLE AS OF				
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. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.)  REACTIVATING								
4.	POLITICAL COMMITTEE'S DESIGNATION:								
ĺ	ALL COMMITTEES CHOOSE ONE:								
	CANDIDATE POLITICAL COMMITTEE* POLITICAL ACTION COMMITTEE								
	POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE								
ļ	*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)   Lake County - District 3  B. POLITICAL PARTY AFFILIATION: Republican C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:  PURPOSE OF THE POLITICAL COMMITTEE.								
6.	To support and elect Tom Weber to serve on the Lake County Illinois County Board serving District 3 of the County.								
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
NAME AND ADDRESS		SUPPORT	OPPOS	E OFFICE	PARTY AFFILIATION				
Tom Weber 37597 N. Douglas Lane Lake Villa, Illinois 60046		•		Lake County Board District 3	Republican				

IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

CON	MITTEE N	AME: Citizens To Elect Tom Weber			POLITICAL COMMITTEE IDENTIFICATION No.:			
8.								
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN		Rebecca Weber		37597 N. Douglas Lane Lake Villa, Illinois 60046 847-356-5262 webercampaign@gmail.com				
TREASURER		Rebecca Weber		37597 N. Douglas Lane Lake Villa, Illinois 60046 847-356-5262 Weber campaign @ gmail. com				
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.								
P	DSITION	NAME		MAILING ADDRES	S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
Treasurer		Rebecca Weber	Le 84 Ն	37597 N. Douglas Lane Lake Villa, Illinois 60046 847-356-5262 Weber campaigne gmail. Com				
10.		F <b>all financial institutions</b> NDING, LIST all as of today's DA		THER REPOSITO	ORIES OF THE COMMITTEE FUNDS.			
		NAME		MAILING ADDRESS AND PHONE NUMBER				
First American Bank			1906 w. Grand Ave. Lindenhurst, Illinois 60046 847-952-3700					
	RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.  TRANSFER TO ANOTHER POLITICAL COMMITTEE:  TRANSFER TO A CHARITIBLE ORGANIZATION:  Campus Crusade for Christ  IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.							
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VERIFICATION- 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, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)								
PRU	TED AND	WRITTEN SIGNATURE OF COM	MITTEE (	CHAIRPERSON	DATE			
VERIFICATION: ALL POLITICAL COMMITTEES 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 \$5900.								
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE  DATE								
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTUNED UNDER PUBLIC ACT 78-1183. 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.								
ALL POLITICAL COMMITTEES RETURN TO:								
	<del>o</del> -ma	STATE BOARD OF ELECTIONS PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 52708-4187 fax: 217-557-5630 iii: D1@ELECTIONS.IL.GOV(D-18 ONLY)		STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: <u>D1@ELECTIONS.IL.GOV</u> ( <b>D-1s ONLY</b> )				