

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY STATE BUARD OF TLECTIONS

12 APR 16 AM 8: 17

Full name and complete mailing address of Political Committee:

Citizens for Patton 306 Valley View Drive Edwardsville, IL 62025

POLITICAL COMMITTEE IDENTIFICATION No.

17065 - IH

E-MAIL ADDRESS; halpaton@yahoo.com

CF	HECK HERE IF	ADDRESS CHANGE 17000 (7)		
SEE PAMPHLET "A GUIDE TO C	AMPAIGN	DISCLOSURE" FOR GUIDANCE.		
COMMITTEE CREATED:	2.	AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$ 0.00		
COMMITTEE (MUST BE FILED WITHIN 10	0 DAYS OF CR	EATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 D		

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: ALL COMMITTEES CHOOSE ONLY ONE: CANDIDATE POLITICAL COMMITTEE* *For purposes of contribution limits and reporting requirements a 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: POLITICAL ACTION COMMITTEE POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE INDEPENDENT-EXPENDITURE-ONLY PAC** ** May not make direct contributions or coordinated expenditures.
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:
	PHOPOGE OF THE POLITICAL COMMITTEE

PURPOSE OF THE POLITICAL COMMITTEE.

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

6.

COMMITTEE NAME: Citizens for Patton				POLITICAL COMMITTEE IDENTIFICATION No.: 17065		
8.	REQUIRE	D COMMITTEE OFFICERS.				
Р	OSITION	NAME	MAILING ADDRES	SS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS		
	CHAIRMAN					
TI	REASURER					
9.	POSITION	I, NAME & MAILING ADDRESS OF	EACH CUSTODIAN C	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
Р	POSITION NAME		MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
10		ALL FINANCIAL INSTITUTIONS AIDING, LIST ALL AS OF TODAY'S DATE		ORIES OF THE COMMITTEE FUNDS.		
		NAME	MAILI	MAILING ADDRESS AND PHONE NUMBER		
11	☐ RETU	ITION OF RESIDUAL FUNDS IN THE IRN TO CONTRIBUTORS IN AMOUNTS ISFER TO ANOTHER POLITICAL COMM ISFER TO A CHARITIBLE ORGANIZATION	NOT TO EXCEED THE	UTION OR TERMINATION OF THE COMMITTEE: IR INDIVIDUAL CONTRIBUTIONS.		
		IF MORE SPACE FOR INFORMATIO	N IS REQUIRED, PLEAS	SE ATTACH ADDITIONAL SHEETS		
POLIC ORGA COMI NOMI	CY, ALL CONTI ANIZATION, TH MITTEE DOES INATION FOR E	HIS BALLOT INITIATIVE COMMITTEE IS FOR RIBUTIONS AND EXPENDITURES OF THE CEST COMMITTEE MAY ACCEPT UNLIMITED CONOT MAKE CONTRIBUTIONS OR EXPENDITIBLECTION, ELECTION, OR RETENTION, AND ARTICLE. (10 ILCS 5/9)	OMMITTEE WILL BE USED ONTRIBUTIONS FROM AN TURES IN SUPPORT OF O	E OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC DEFORM THE PURPOSE DESCRIBED IN THIS STATEMENT OF BY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE ROPPOSITION TO A CANDIDATE OR CANDIDATES FOR THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN		
1-1	al K	Patton	1/15/200	04/14/11		
PRIN	NIED AND V	VRITTEN SIGNATURE OF COMMIT VERIFICATION: ALL POLITICALCO		DATE		
BY MI	E AND, TO THE JIRED BY ARTI	HIS STATEMENT OF ORGANIZATION (INCLU BEST OF MY KNOWLEDGE AND BELIEF, IS	JDING ANY ACCOMPANYII S A TRUE, CORRECT, AND	NG SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED OF COMPLETE STATEMENT OF ORGANIZATION AS ILLING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT		
<u> </u>	cemes	P. Gogges	aP/	24/14/12		
THE IL	LINOIS STATE B	BLIC ACT 78-1183, WILLFUL FAILURE TO FILE OR ESS OFFENSE SUBJECT TO A FINE OF UP TO \$50	SURE OF INFORMATION THAT	T IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL IANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		
STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 e-mail: D1@ELECTIONS IL GOV(D-1s ONLY)			IOAL COMMITTEES RETU	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: D1@FI FCTIONS II. GOV/D-15 ONLY)		