

**FORM** 

STATEMENT OF ORGANIZATIONS TATE BOARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

12 AUG - | PH 12: 17

Full name and complete mailing address of Political Committee:

Citizens For Dan Dolan 5029 N. Werver Ridge Blud

Yeoria IL., 61615	
	POLITICAL COMMITTEE IDENTIFICATION NO
E-MAIL ADDRESS: Votedandolan @gnail.Com  CHECK HERE IF ADDRESS CHANGE	24462-6

	SEE PAMPHLET "A GUIDE	TO CAMP	AIGN D	ISCLUSURE" FOR GUID	ANCE.			
1.	DATE COMMITTEE CREATED: 7/30/2	2012		AMOUNT OF FUNDS AVAILA CREATION DATE :\$_545.0				
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.	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)  Peoria County Board District 12  B. POLITICAL PARTY AFFILIATION: Democrat  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
	PURPOSE OF THE POLITICAL COMMITTI	area cross	wara.	nearly Inches				
6.	Running for Peoria County Board (District 12 Candidate)							
7.	CANDIDATE(S) THE COMMITTEE IS SUPI	PORTING O	R OPPO	SING. (IF AMENDING, LIST ALL	AS OF TODAY'S DATE.)			
	NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY AFFILIATION			
Dan Dolan 5029 N. WerverRidge Blud.  Peoria IL 61615  Peoria County Board  Democrat  District 12								

COMMITTEE NAME: Citizens For Dan Dolan			POLITICAL COMMITTEE IDENTIFICATION No.:			
8.	REQUIRE	ED COMMITTEE OFFICERS.				
POSITION NAME			MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRI			
CHAIRMAN Corey Dolan			6302 N. Talisman Terrace Perria, IL 6165 309 3697 Cdolan Pharmd @ gmail.com 6302 N. Talisman terraic Peuria, FL. 61615 309-30			
TREASURER Corey Dolan			Codular pharmod agmail.com			
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EA	CH CUSTODIAN C	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.	
POSITION NAME		, <u>,</u>	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
rea		Corey Dolan		6302 N. T	alismon terrace Peuria, IC. 6/45 83 columpharmode gnail. Com	
10.		F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA		OTHER REPOSIT	ORIES OF THE COMMITTEE FUNDS.	
		NAME		MAILING ADDRESS AND PHONE NUMBER		
Som	th Side	Trust & Savings Bank	int	,	309 676 0521	
11.				5.	OOL Big Hollow, Pooria, IL 6/6/5	
EXPEN	ARE THAT THIS B.	VERIFICATION  ALLOT INITIATIVE COMMITTEE IS FORMED FOR THE COMMITTEE WILL BE USED FOR THE PURPOSE DES	TION IS ON- BAL PURPOSE CRIBED IN	LOT INITIATIVE COMP OF SUPPORTING OR OPPOSE THIS STATEMENT OF ORGA	SING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND INITIAL PROMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM	
FOR NO	ON CO	N 1	TO ABIDE	BY THESE REQUIREMENTS	DITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES  SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)  7-30-14	
PRIN	_O· ` \	WRITTEN SIGNATURE OF COM	MITTE	E CHAIRPERSON	DATE	
I DECLA EXPENI FROM A OR POL	ARE THAT (i) THIS DITURES OF THE ANY SOURCE, PR LITICAL ACTION C			DENT EXPENDITURE  HE EXCLUSIVE PURPOSE OF  N THE STATEMENT OF ORC  DOES NOT MAKE CONTRIBUTES SHALL DEEM THE COMM	COMMITTEES ONLY  MAKING INDEPENDENT EXPEN DITURES, ( ii) ALL CONTRIBUTIONS AND SANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS CHOWS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE IN VIOLATION OF THIS ARTICLE.	
DDIA	Jrey (	MIDITIEN SIGNATURE OF COM	AITTER	CUAIDDEDEON	7-30-12	
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE  VERIFICATION: ALL POLITICAL COMMITTEES						
AND BE	LIEF, IS A TRUE,	TATEMENT OF ORGANIZATION (INCLUDING ANY ACC	OMPANYIN ZATION AS	NG SCHEDULES AND STATEM S REQUIRED BY ARTICLE 9 O	MENTS HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE FTHE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR	
Da	n Dola	n In Sol-	`		7/30/2012	
		WRITTEN SIGNATURE OF TREA			**************************************	
OUTLI	NED UNDER PL	UBLIC ACT 78-1183. WILLFUL FAILURE TO FIL NESS OFFENSE SUBJECT TO A FINE OF UP TO	E OR WIL O \$5000.	LFUL FILING OF FALSE OF THIS FORM IS IN COMPL	T IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS DR 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	<u>JEHICA</u>	L 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: <u>D1@ELECTIONS.IL.GOV(D-1s ONLY)</u>

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