

**FORM** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY STATE BOARD OF ELECTIONS

13 JAN -8 PM 12: 08

Full name and complete mailing address of Political Committee:

DuPage Township Award Winning Slate 747 E BOUGHTON RD SUITE 121 **BOLINGBROOK, IL 60440** 

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: S. Watts I watt net

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CHECK HERE IF ADDRESS CHANGE \ \alpha  \qq								
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED: 01/07	7/2013	2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$3000.00	ABLE 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 FILEO 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:  CANOIDATE 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 FDLLOWING COUNTY(IES) OR DISTRICT(S): (not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives)  DUPAGE TOWNSHIP / WILL COUNTY							
	B. POLITICAL PARTY AFFILIATION: REPUBLICAN C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
6.	PURPOSE OF THE POLITICAL COMMITTEE. TO ELECT DUPAGE TOWNSHIP REPUBLICAN SLATE							
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			
Township Supervisor Township Trustee Township Cristee Township Trustee Township Cerector Township Assessor								

COMMITTEE NAME: DUPAGE TOWNSHIP AWARD WINNIN			WINNING	G SLATE	POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	REQUIR	REQUIRED COMMITTEE OFFICERS.							
POSITION NAME			MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRES						
CHAIRMAN SHELDON WATTS			215 CLIFTON LN BOLINGBROOK IL 708-259-5085 S.WATTS1@ATT.NET						
TREASURER TRISH STACH		,	1501 SOMERFIELD DR BOLINGBROOK IL 630-253-8350						
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EAC	H CUSTODIAN O	F THE COMMITTEE'S BOOKS AND ACCOUNTS.				
POSITION NAME			MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS						
CANDIDATE SHELDON WATTS			215 CLIFTON LN BOLINGBROOK IL 708-259-5085 S.WATTS1@ATT.NET						
10.	LIST OI (IF AME	FALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S D	AND O	THER REPOSITO	PRIES OF THE COMMITTEE FUNDS.				
		NAME		MAILING ADDRESS AND PHONE NUMBER					
1		1	5 N WEBER RD ROMEOVILLE IL 60446 5-407-2230						
EXPENS	ARE THAT THIS BA	VERIFICATION  VE	TION IS F	DT INITIATIVE COMM  F SUPPORTING OR OPPOSITIES STATEMENT OF ORGAN INTRIBUTIONS OR EXPENDING	E ATTACH ADDITIONAL SHEETS.  ITTEES ONLY  ING A QUESTION OF PUBLIC POLICY ALL CONTRIBUTIONS AND IZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES HALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)				
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DA					DATE				
FROM A	DITURES OF THE INNY SOURCE, PRO		ED FOR THE SCRIBED IN 1	THE STATEMENT OF ORGA IES NOT MAKE CONTRIBUT	MAKING INDEPENDENT EXPEN DITURES, ( ii) ALL CONTRIBUTIONS AND INIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS IONS TO ANY CANDIDATE POLITICAL COMMITTEE POLITICAL PARTY COMMITTE				
PRIN	TED AND	WRITTEN SIGNATURE OF COMM	/ITTEE (	CHAIRPERSON	DATE				
AND BEI	JIEF. IS A TRUE, C	ATEMENT OF ORGANIZATION HACH HOING ANY ACC	OMPANYING : ZATION AS RE	EQUIRED BY ARTICLE 9 OF	WITTEES  INTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR				
Shi	de	(I) Sheldon 4	Vatts	Cundida	to 1-7-13				
THE ILL	INOIS STATE E	BLIC ACT 78-1183. WILLFUL FAILURE TO FILE ESS OFFENSE SUBJECT TO A FINE OF UP TO	LOSURE O OR WILLFU \$5000. THI	F INFORMATION THAT ULFILING OF FALSE OF	DATE  IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS RINCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL NCE WITH THE FORMS MANAGEMENT PROGRAM ACT.  N TO:				
	e-mail	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 DI@ELECTIONS.IL.GOV(D-1s 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: D1@ELECTIONS,IL.GOV(D-1s ONLY)				