## **FORM**

**D-1** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

TATE BUARD OF ELECTIONS

13 JAN 28 PM 2:00

Full name and complete mailing address of Political Committee:

Illinois Society of Professional Engineers PAC 100 E. Washington St.

Springfield, IL 62701-1172

POLITICAL COMMITTEE

E-MA	IL ADDRESS:	IDENTIFICATION No.							
		1273-13							
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.									
1.	DATE COMMITTEE CREATED:			MOUNT OF FUNDS A REATION DATE :\$	VAILABLE AS OF				
3.	<ul> <li>NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS         BEFORE AN ELECTION.)</li> <li>✓ AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1         ON FILE.)</li> <li>□ REACTIVATING</li> </ul>								
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:								
6.	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				

COM	MITTEE N	AME: Illinois Society of Professional E	ingineers PAC	POLITICAL COMMITTEE IDENTIFICATION No.:			
8.	8. REQUIRED COMMITTEE OFFICERS.						
POSITION NAME		MAILING ADDRE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN							
TREASURER							
	<del></del>	AL NAME GRADUING ADDRESS					
		<del></del>	EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.				
POSITION NAME		MAILING ADDRE	SS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
	Tuefe						
10.	10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.  (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)						
		NAME	MAIL	MAILING ADDRESS AND PHONE NUMBER			
Marine Bank			3050 Wabash Avenue, Spring	050 Wabash Avenue, Springfiold, IL 62704			
RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.  TRANSFER TO ANOTHER POLITICAL COMMITTEE:  TRANSFER TO A CHARITABLE ORGANIZATION:  IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.							
VERIFICATION- BALLOT INITIATIVE COMMITTEES ONLY  I DECLARE THAT THIS BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE OF SUPPORTING DR 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 SDURCE, 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, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)							
li		hioson Sem	/ Coh	1/24/13			
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE							
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY  I DECLARE THAT (I) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES. (II) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF OR GRANIZATION. (III) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE OR POLITICAL ACTION COMMITTEE, AND IN FAILURE TO ASIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN MOLATION OF THIS ARTICLE							
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE							
		VERIFI	CATION: ALL POLITICAL CO	MMITTEES			
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 \$5000.							
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 OUTLINED UNDER PUBLIC ACT 78-1183, WILLFUL FAILURE TO FILE DR WILLFUL FILING OF FALSE DR 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 P	OLITICAL COMMITTEES RET				
STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 e-mail: <u>D1@ELECTIONS.IL.GQV(<b>D-1s ONLY</b>)</u>				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.II. GOV(D-1s ONLY)			
				O-High Direct Controlled Covers Office			

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