

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

<u>ITATE BUARO OF ELECTIONS</u> FOR OFFICE USE ONLY 13 JAN 20 PM 4: 05

Full name and complete mailing address of Political Committee: Citizens for Turner

227 E 6th St Lockport, Illinois 60441

POLITICAL COMMITTEE

E-MAIL ADDRESS: vote4turner@aoi.com

IDENTIFICATION No.

CHECK HERE IF ADDRESS CHANGE 18 105-								
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED: 1/29/	13	2.	AMOUNT OF FUNDS AVAILAGE S 5,000.00	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 FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.) ☑ REACTIVATING 							
4.	POLITICAL COMMITTEE'S DESIGNATION: <u>ALL COMMITTEES CHOOSE ONLY ONE:</u> 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: Mayor, City of Lockport Illinois 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) statewide B. POLITICAL PARTY AFFILIATION: nonpartisan C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
6.	PURPOSE OF THE POLITICAL COMMITTEE. To elect Kelly Turner to political office.							
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			
Kelly Turner 227 E 6th St Lockport, Illinois 60441		✓		Mayor City of Lockport, Illinois	nonpartisan			

СО	MMITTEEN	AME: Citizens for Turner		POLITICAL COMMITTEE IDENTIFICATION No.:			
8.	REQUIR	ED COMMITTEE OFFICERS.					
POSITION NAME		NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER. AND E-MAIL ADDRESS			
CHAIRMAN Kelly Turner		Kelly Turner	227 E 6th St. Lockport	227 E 6th St. Lockport Illinois 60441 815-600-2200 vote4turner@aol.com			
TREASURER Kelly Turner		Keliy Tumer	227 É 6th St, Lockport	227 E 6th St, Lockport Illinois 60441 B15-600-2200 vote4tumer@sol.com			
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EACH CUSTODIAN C	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
POSITION NAME		NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.							
NAME			MAILING ADDRESS AND PHONE NUMBER				
Fifth Third Bank			7515 Janes Ave Woodridge, Illinois 60517 630-985-6700				
ANY S	ARE THAT THIS B IDITURES OF THE CURCE PROVIDE	VERIFICATION ALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE DESIGNATION OF THE PURPOSE DESIGNAT	ON- BALLOT INITIATIVE COMP PURPOSE OF SUPPORTING OR OPPOS SCRIBED IN THIS STATEMENT OF ORGAN	SE ATTACH ADDITIONAL SHEETS. WITTEES ONLY SING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND INIZATION, "HE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM DITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE, (10 NICS 5/6)			
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DA							
FROM	IDITURES OF THE ANY SOURCE PR	THOSEPENDENT EXPENDITURE COMMITTEE IS FORM COMMITTEE WILL BE USED FOR THE PURPOSS DE	SCRIBED IN 1 HE STATEMENT OF ORG DMMITTEE COES NOT MAKE CONTRIBU	MAKING INDEPENDENT SXPEN DITURES. (#) ALL CONTRIBUTIONS AND SANIZATION, ((1)) THE COMMITTEE MAY ACCEPT UNL'MITED CONTRIBUTIONS THONS TOOMS ON ANY CANDIDATE POLITICAL COMMITTEE POLITICAL PARTY COMMITTEE.			
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE							
AND 31	*! FF 15 4 * P12	TATEMENT OF ORGANIZATION RINGS JOING ANY ACC	DATION AC CENTRED BY ASSICT DIA 19	IMITTEES IENTS; HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE FTHE ELECTION CODE UNDERSTAND THAT WILLFULLY FIJING A FALSE OR			
PRI	NTED AND	WRITTEN SIGNATURE OF TREA	SUPER OR CANDIDATE	DATE			
OUTU OUTU	LINOIS STATE	BOARD OF ELECTIONS REQUIRES THE DIS IBLIC ACT 78-1183. WILLFUL FAILURE TO FIL IESS OFFENSE SUBJECT TO A FINE OF UP TO	CLOSURE OF INFORMATION THAT E OR WILLFUL FILING OF FALSE C O \$5000, THIS FORM IS IN COMPLI	TIS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL ANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.			
	e-ma	ALL PO STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fex: 247-557-5830 ID 1006LECTIONS.IL.GOV(D-19 ONLY)	OLITICAL COMMITTEES RETU	RN TO: 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-15 ONLY)			