				_		STATE-No.			
	FORM STATEMENT OF ORGANIZATION PLEASE TYPE OR PRINT IN BLACK INK			FOR OFFICE OSE SINGLY C					
Full na	me and comple	te mailing address	of Political C	ommitte	e:				
-7	TOHN PR	ITCHARD FO	R MAY	ore c	OMMITTEE				
•	345 Par	k Lane D	ν ,						
(9 ALES BU	-9.IL 61	Y0)						
E-MAIL.	ADDRESS:					POLITICAL COMMITTEE IDENTIFICATION No.			
					DDRESS CHANGE				
	SEE PAN	PHLET "A GUIDI	TO CAMPA		SCLOSURE" FOR				
1. c	DATE COMMITTEE	CREATED: $3/5$	-//3	1 7 1 7	MOUNT OF FUNDS A REATION DATE :\$	/ 5,000			
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								
	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.								
В	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) A LESBURY B. POLITICAL PARTY AFFILIATION: C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:								
	PURPOSE OF THE POLITICAL COMMITTEE.								
6.	TO ELECT JOHN PRITCH ARD CITY OF GALESBURS								
7. 0	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)								
	NAME AND A			OPPOSE	OFFICE	PARTY AFFILIATION			
	TOHN PRIT 345 PARK				MAYOR CITY OF GALES BU				

IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

THIS FORM MAY BE REPRODUCED

PAGE 1 OF 2

Revised 7/9/12

COM	MITTEEN	IAMÉ:		POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	REQUIR	REQUIRED COMMITTEE OFFICERS.						
P	OSITION	NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
	CHAIRMAN	JOHN PRITCHARD		345 PARKLAWE DR				
TF	TREASURER LINDA D UTSINARY			9ALESBURG IL 61491 309-582-4063 (CRII) RRI BOXIKTU OCHAWKA IL 6146				
9.	POSITIO	N, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.						
PC)ŞITIÖN	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
782		2 inda D. Utsinger	Wilnaerl	ERI BOX187C, CTUAWER, IL 61469 UTSINGENIO YAKOO, USM				
10.		F ALL FINANCIAL INSTITUTIONS A NDING, L <u>IST ALL AS OF TODAY'S D</u> ATE		PRIES OF THE COMMITTEE FUNDS.				
	<u> </u>	NAME CONTRACTOR		G ADDRESS AND PHONE NUMBER				
	ELLS	FARGO BANK NA		MAIN ST -342-4112				
	DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE: 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 INFORMATIC	N IS REQUIRED, PLEAS	E ATTACH ADDITIONAL SHEETS.				
I DECLA EXPENS ANY SO FOR NO	RETHAT THIS B OTTURES OF THE URCE, PROMOSO MINATION FOR S		EALLOT INITIATIVE COMM POSE OF SUPPORTING OR OPPOS IED IN THIS STATEMENT OF ORGAN MAKE CONTRIBUTIONS OF EXPENS SIDE BY THESE REQUIREMENTS S	ITTEES ONLY NG A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND NIZATION, 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)				
PRIN	TED AND	WRITTEN SIGNATURE OF COMMIT	TEE CHAIRPERSON	DATE				
			PENDENT EXPENDITURE					
EXPEND FROM A OR POL	RE THAT (1) THIS DITURES OF THE NY SOURCE, PRI ITICAL ACTION CO	INDÉPÉNDENT EXPÉNDITURE COMMITTEE IS FORMED F COMMITTEE WILL BÉ JÉÉD POR THE PURPOSE DISSORI DYDED THAT THÉ INDÉPENDENT EXPÉNDITURE COMMI DMMITTEE, AND (W) FAILURE TO ABIDE BY THESE RÉQUIR	OR THE EXCLUSIVE PURPOSE OF BED IN THE STATEMENT OF QRG. ITEE DOES NOT MAKE CONTRIBUT REMENTS SHALL DEEM THE COMM.	MAKING INDEPENDENT EXPEN DITURES, (i) AU, CONTRIBUTIONS AND ANIZATION, (ii) THE COMMITTEE MAY A COEPT UNLIMITED CONTRIBUTIONS IONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTS THEE IN VIQUATION OF THIS ARTICLE.				
PRIN	TED AND	WRITTEN SIGNATURE OF COMMIT	TEE CHAIRPERSON	DATE				
			ION: ALL POLITICAL COM					
I DECLA AND BEI INCOMP	RE THAT THIS ST JEF, IS A TRUE, (LETE STATEMEN	'ATEMENT OF CRÉANIZATION (INCLUDING ANY ACCOMP CORRECT, AND COMPLETY STATÉMENT OF ORGANIZATI IT IS - SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001.	Anying schedules and statem! On as required by article 9 of and up to \$5000.	ENTS) HAS BEEN ÉXAMINÉD BY ME AND. TO THE BEST OF MY KNOWLEDGE THE ELECTION CODE: LUNGERSTAND THAT WILLFULLY FILING A FALSE OR				
Z	nda	Q Utiences						
THE ILL	JNOIS STATE JED UNGER PU	BERS OFFENSE SUBJECT TO A FINE OF UP TO \$5	BURE OF INFORMATION THAT I WILLFUL FILING OF FALSE O 1000, THIS FORM IS IN COMPLIA	DATE 15 NÉCESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS RINCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL INCE WITH THE FORMS MANAGEMENT PROGRAM ACT.				
		STATE BOARD OF ELECTIONS	ICAL COMMITTEES RETUR	STATE BOARD OF ELECTIONS				
	,× e-mai	2329 \$ MACARTHUR BLVO \$PRINGFIELD, 1L 82704-4503 fax: 217-557-5530 I: D1@ELECTIONS.IL.GOV(D-15 ONLY)		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)				
WWW.EH	ections.il.gov	,	PAGE 2 OF 2					