

FORM

E-MAIL ADDRESS; Jrichardson@rotherhamcpa.com

STATEMENT OF ORGANIZATION FOR OFFICE ONLY PLEASE TYPE OR PRINT IN DIAGRATION

13FEB -6 AM 7:53

Full name and complete mailing address of Political Committee:

Citlzens for Riggenbach 2308 W. Altorfer Dr. Peoria, IL 61615

> POLITICAL COMMITTEE IDENTIFICATION No.

25017-13

V CHECK HERE IF ADDRESS CHARGE												
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.												
1.	DATE COMMITTEE CREATED: 02/0	1/13	2.	AMOUNT OF FUNDS AVAIL CREATION DATE :\$2975.00	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: 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) Peoria											
	B. POLITICAL PARTY AFFILIATION: Independent C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:											
6.	PURPOSE OF THE POLITICAL COMMITTEE. To support the candidacy of Timothy Riggenbach											
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							
Timothy D. Riggenbach 521 W. Stonegate Rd. Peoría, IL 61614		V		Peoria City Councilman	Independent							

COMMITTEE NAME: Citizens for Riggenbach					POLITICAL COMMITTEE IDENTIFICATION No.: 25017				
8.	REQUIR	JIRED COMMITTEE OFFICERS.							
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN		Timolhy D. Riggenbach		521 W. Stonegale Rd. Peorla, IL 61614 (309)888-6149					
TREASURER		Joehua S. Richardson, CPA		2308 W. Altorfer Or. Peorle, IL 61815					
9. POSITION, NAME & MAILING ADD			OF EA	CH CUSTODIAN O	F THE COMMITTEE'S BOOKS AND ACCOUNTS.				
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
Chairman		Timolhy D. Riggenbach		521 W. Stonegate Rd., Peoria, IL 61614, (309)688-5149					
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS, (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)									
		NAME	MAILING ADDRESS AND PHONE		G ADDRESS AND PHONE NUMBER				
Associate	ed Bank	,		Jefferson St. L. 81814 1-1700					
11. 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: □ TRANSFER TO A CHARITABLE ORGANIZATION: □ Dream Center of People □ Dream Center of									
FOR NOM	RCE, PROVIDED INATION FOR EL	THAT THIS BALLOT INITIATIVE COMMITTEE DOES N ECTION, ELECTION, OR RETENTION, AND FAILURE	OYMAKE (TO ABIDE 8	CONTRIBUTIONS OR EXPEND THESE REQUIREMENTS SI	TURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FALL DEEM THIS COMMITTEE IN MOLATION OF THIS ARTICLE, (10 ILCS 5/8)	_ _			
PRINT	ED AND V	VRITTEN SIGNATURE OF COMM	NITTEE	CHAIRPERSON	DATE	_			
EXPENDIT	URES OF THE C Y SOURCE, PRO	 NDEPENDENT EXPENDITURE COMMITTEE IS FORME COMMITTEE WILL BE USED FOR THE PURPOSE DES	D FOR THE CRIBED IN	ITHE STATEMENT OF ORGA IOES NOT MAKE CONTRIBUTI	IAKING INDEPENDENT EXPENDITURES (II) ALL CONTRIBUTIONS AND NIZATION, (B) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS ONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMIT	EE			
PRINT	ED AND V	VRITTEN SIGNATURE OF COMM	ITTEE	CHAIRPERSON	DATE	ı			
		VERIFIC	ATION:	ALL POLITICAL COMM	IITTEE\$	•			
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 YRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 8 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.									
Joshu	u S. Ric	hardson Alre 5.64	<u> </u>	<u> </u>	2/5/13	_			
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE 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 OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.									
ALL POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS									
		STATE BOARD DF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 D1@ELECTIONS.IL.GOV(D-1s ONLY)		4	JAMES R, THOMPSON CENTER 100 W RANDDLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-8485 -mail: <u>D1@ELECTIONS.IL.GOV</u> (D-1s ONLY)				