

FORM

STATEMENT OF ORGANIZATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

RECEIVED

Full name and complete mailing address of Political Committee:

APR 1 5 2013

Will Kyles Committee 1735 W. Kirby ave. Champaign, 21, 61821

State Board of Elections

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS:

jm-695@ comcust | CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1.	DATE COMMITTEE CREATED: APV	1 15,2013	2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$ <u>(, ケミ</u>	
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 CHODSE 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 en election cycle by listing the appropriate office. This office is:				
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 bailot initiatives) (Lampaign B. POLITICAL PARTY AFFILIATION: C, NAME AND ADDRESS OF EACH SPONSORING ENTITY:				
6.	Flect City Council Person				
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

www.elactions.il.gov

	ومعاولية والمستان					
COMMITTEE	NAME: Will Kyles Comm	POLITICAL COMMITTEE IDENTIFICATION No.:				
8. REQUI	RED COMMITTEE OFFICERS.					
POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
CHAIRMAN	John Reed	217-356-1387 1735 W. Ki-by ave., Champaign, 21, 61821				
TREASURER	John Reed	(1)				
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.						
POSITION	NAME	MAILING ADDRESS, DAYTIME PHÔNE NUMBER , AND E-MAIL ADDRESS				
VMS.	John Reed	1735 W. Ki-byave, Champaign, De 61821				
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 NUMBER				
Heurtland Bunk + trust 1101 W. Windson Road 217-359.5555 Co. Champaign, 21, 61821						
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 OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN 1118 STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SCURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDI						
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DA						
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY						
DECLARE THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (11) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (11)) 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 (W) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.						
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE						
VERIFICATION: ALL POLITICAL COMMITTEES						
AND BELIEF, IS A TRUE.	STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYIN	NG SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE IS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR				
John Reed-Chairman Qil Reed Olivingen 4/15/13						
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 \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.						
ALL POLITICAL COMMITTEES RETURN TO:						
	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD	STATE BOARD OF ELECTIONS JAMES R. THDMPSON CENTER 100 W RANDOLPH ST, STE 14-100				
	SPRINGFIELD, IL 62704-4503 fax: 217-557-5630	100 W RANDOLPH 51, STE 14-100 CHICAGO, IL, 60601-3232 fax: 312-814-6485				
e-me	all: <u>D1@ELECTIONS.IL GOV(</u> D-1s DNLY)	e-mail: <u>D1@ELECTIONS.IL.GOV(</u> D-1s ONLY)				
www.elactions.il.gov PAGE 2 OF 2						