

FORM

D-1

STATEMENT OF ORGANIZATION BOARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

13 APR 19 PM 12: 27

Full name and complete mailing address of Political Committee:

Effingham County Democratic Central Committee PO Box 1042

Effingham, IL 62401

E-MAIL AOORESS:

POLITICAL COMMITTEE IOENTIFICATION No.

| CHECK HERE IF ADDRESS CHANGE 300-13 | | | | | | | | | |
|---|---|---------|-------|---|-------------------|--|--|--|--|
| SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. | | | | | | | | | |
| 1. | DATE COMMITTEE CREATED: | | 2. | AMOUNT OF FUNDS AVAI CREATION DATE :\$ | LABLE 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/oppcsing statewide candidates or ballot initiatives) Effing ham B. POLITICAL PARTY AFFILIATION: Oemocrat C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: | | | | | | | | |
| 6. | PURPOSE OF THE POLITICAL COMMITTEE. Support local Democrats for Office | | | | | | | | |
| 7. | CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.) | | | | | | | | |
| | NAME AND ADDRESS | SUPPORT | OPPOS | E OFFICE | PARTY AFFILIATION | | | | |
| | | | | | | | | | |

| СОМ | MITTEE N | AME: Effingham County Democratic C | ommittee | POLITICAL COMMITTEE IDENTIF | ICATION No.: | | | | |
|---|---------------------------------|---|-----------------------------|--|------------------------|--|--|--|--|
| 8. | 8. REQUIRED COMMITTEE OFFICERS. | | | | | | | | |
| POSITION | | NAME | MAILING ADDRES | SS, daytime phone number , and e | -MAIL ADDRESS | | | | |
| CHAIRMAN | | Audrey Griffith NEW CHAIRMEN | 110 E. Church St., Di | 110 E. Church St., Dieterich, IL 62424 - 217-925-5639 - FOR_BURL@ | | | | | |
| TREASURER | | | | | | | | | |
| 9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS. | | | | | | | | | |
| POSITION | | NAME | MAILING ADDRE | MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL A | | | | | |
| | | | | | | | | | |
| 10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.) | | | | | | | | | |
| NAME | | | MAILI | MAILING ADDRESS AND PHONE NUMBER | | | | | |
| | | | | | | | | | |
| 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: | | | | | | | | | |
| IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS. | | | | | | | | | |
| VERIFICATION- BALLOT INITIATIVE COMMITTES ONLY I DECLARE THAT THIS BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPDISING 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 SOURCE, 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) | | | | | | | | | |
| PRIN | TED AND | WRITTEN SIGNATURE OF COMM | MITTEE CHAIRPERSON | | DATE | | | | |
| VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY 1 OECLARE 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 ORGANIZATION, (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 (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE. | | | | | | | | | |
| PRIN | TED AND | WRITTEN SIGNATURE OF COMM | MITTEE CHAIRPERSON | | DATE | | | | |
| VERIFICATION: ALL POLÍTICAL COMMITTEES | | | | | | | | | |
| 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. | | | | | | | | | |
| | | ICEVERS Shortey | Me Bour | - TREASURER | 4/17/13 | | | | |
| THE ILL | INOIS STATE | WRITTEN SIGNATURE OF TREA BOARO OF ELECTIONS REQUIRES THE DISC | LOSURE OF INFORMATION THA | IT IS NECESSARY IF YOU CHALLEY AS A POULT | DATE ICAL 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 | PETTONE CONMINITY LEES KELL | STATE BOARD OF ELECTIONS | | | | | |
| | | 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 | | JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 | | | | | |
| | e-mai | fax: 217-557-5630 II: D1@ELECTIONS.IL.GOV(D-1s ONLY) | | CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: <u>D1@ELECTIONS.IL.GOV(D-1s ONL</u> | -Y) | | | | |

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