FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY THE LECTIONS

13 MAY 17 AN 10: 47

Full name and complete mailing address of Political Committee:

Citizens to Elect Eric Morrow State's Attorney P.O. Box 10

Oregon, IL 61061

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS; emorrow@oglelaw.com

SEE DAMBULET HA CHINE TO CARRY ADDRESS CHANGE										
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.										
1.	DATE COMMITTEE CREATED: 5/6/	13	2.	AMOUNT OF FUNDS AVAIL CREATION DATE: \$2,848.0	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) Oglie County									
	B. POLITICAL PARTY AFFILIATION: Republican C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:									
6.	PURPOSE OF THE POLITICAL COMMITTEE. To support candidacy of Eric Morrow for Ogle County State's Attorney									
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)									
NAME AND ADDRESS SUPPORT CROSS										
Eric Morrow 1092 Mongan Drive Oregon, IL 61061		✓	Urruse	Ogle County State's Attorney	PARTY AFFILIATION Republican					

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

COV	MITTEE	VAME:		POLITICAL COMPETTEE (DELITICAL)			
8.	1	VAME: Citizens to Elect Eric Morrow State ED COMMITTEE OFFICERS.	e's Attorney	POLITICAL COMMITTEE IDENTIFICATION No.:			
	<u> </u>						
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRE			
(CHAIRMAN	Michael T. Mallon	1090 7th St., Rochelle	IL 61068, (815)973-0485, mallon5541@yahoo.co	JITO .		
TREASURER		Dervid A. Smith	129 S. Fourth St., P.O.	Box 10, Oregon, IL 51061, (815)732-6124, dsmit	lh@ogleiew.com		
9.	POSITIO	N, NAME & MAILING ADDRESS OF	FEACH CUSTODIAN O	F THE COMMITTEE'S BOOKS AND AC	COUNTS.		
PC	STTON	NAME		S. DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
10.	(IF AME	TODAL COM	AND OTHER REPOSITO E.)	PRIES OF THE COMMITTEE FUNDS.			
illmən	Post.	NAME	MAILIN	G ADDRESS AND PHONE NUMBER			
TATA LIBERTY	Б апқ	Or	145 IL Route 2 North regon, IL 61061 15) 732-7956		<u></u>		
OR NOM	E THAT THIS BA TURES OF THE C RCE, PROVIDED INATION FOR EL	LLOT (MITATIVE COMMITTEE IS FORMED FOR THE PUR COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIP THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT ECTION, ELECTION, OR RETENTION, AND FAILURE TO.	TION: ON IS REQUIRED, PLEAS BALLOTINITIATIVE COMM RPOSE OF SUPPORTING OR OPPOSE BED IN THIS STATEMENT OF ORGAN MAKE CONTREDUTENDS OR EXPENDING ABDE BY THESE REQUIREMENTS ST	E ATTACH ADDITIONAL SHEETS. ITTEES ONLY ING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AN IZATION, THE COMMITTEE WAY ACCEPT UNIA MITTED CONTRIBUTIONS OF THE TURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OF ALL CEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE	D BUTIONS FROM R CANDUDATES (10 LCS 509)		
'RIN I	ED AND V	VRITTEN SIGNATURE OF COMMIT	TEE CHAIRPERSON		DATE		
		NDEPENDENT EXPENDITURE COMMITTEE & FORMED R OMMITTEE WILL BE USED FOR THE PURPOSE DESCR MOST THAT THE INDEPENDENT EXPENDITURE COMMI MOST THAT THE INDEPENDENT EXPENDITURE COMMI MAINTEE, AND 6V) FALLIRE TO ABIDE BY THESE RECUI	-CHESTIA SHALL DEEM THE COMMIT	AKING INDEPENDENT EXPEN DITURES, (II) ALL CONTRIBUTIO	INS AND INTRIBUTIONS PARTY COMMITTEE		
KINI	ED WAD A	RITTEN SIGNATURE OF COMMIT	TEE CHAIRPERSON		DATE		
ECLARE OFFICE COMPLE	THAT THIS STA F, IS A TRUE, CO TE STATEMENT	VERIFICAT TEMENT OF ORGANIZATION (INCLUDING ANY ACCOMP) WRECT, AND COMPLETE STATEMENT OF ORGANIZATION S SUBJECT TO A CIVIL PEMALTY OF AT LEAST \$1001	TION: ALL POLITICAL COMMINATION SCHEDULES AND STATEME ON AS REQUIRED BY ARTICLE 9 OF 1 AND UP TO \$5080				
RINT		RITTEN SIGNATURE OF TREASU		Sile	51.3		
IT'S INSER	THUNES THE	DARD OF ELECTIONS REQUIRES THE DISCLOS LIC ACT 78-1183. WILLFUL FAILURE TO FILE OR SS OFFENSE SUBJECT TO A FINE OF UP TO \$50	SURE OF INFORMATION THAT I WILLFUL FILING OF FALSE OR 1000, THIS FORM IS IN COMPLIAN	S NECESSARY IF YOU QUALIFY AS A POLITICAL CO INCOMPLETE INFORMATION REQUIRED BY THIS AR CE WITH THE FORMS MANAGEMENT PROGRAM ACT	DATE MMITTEE AS TICLE SHALL		
		STATE BOARD OF FLECTIONS	ICAL COMMITTEES RETURN	170:			
		2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503		STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER			
		fax: 21 7-5 57 -56 30		100 W RANDOLPH ST, STE 14-100 CHICAGO, IL 60601-3232			
1		D1@ELECTIONS.IL GOV(D-Is ONLY)	e	fex: 312-814-6485 -mail: <u>D1@ELECTIONS.It.GOV(</u> D-1s ONLY)			
v.e/eci	ions.il.gov		F1 4 4 5 5				