FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

Full	name and complete mailing address of Political Co	omm	ttee:	13 JUN 24 PM 1:81				
R	ack Island County centro							
, ,	721-5th Ave ste. 100							
	MOLINE, IL 6/265							
	IL ADDRESS: MSTE345154@@	POLITICAL COMMITTEE IDENTIFICATION No.						
	CHECK HE	349-10						
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	OATE COMMITTEE CREATED:	2.	AMOUNT OF FUNDS A CREATION DATE :\$	VAILABLE AS OF				
	NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS							
3.	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.	│							
	*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 expenditu	ıres.						
5.	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE	, ANI	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)							
	The capping of the control of authoriting opposing statewide califidates of ballot filliatives)							
	B. POLITICAL PARTY AFFILIATION: REDUCTION							
	C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
6.	PURPOSE OF THE POLITICAL COMMITTEE.	Re	publicau	cardisates				

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

CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

OPPOSE

OFFICE

NAME AND ADDRESS

SUPPORT

PARTY AFFILIATION

COMMITTEE	NAME: (ICO GO	P	POLITICAL COMMITTEE IDENTIFICATION No.:	.:		
8. REQUI	REQUIRED COMMITTEE OFFICERS.					
POSITION	DRW NAME BILL LONG	MAILING ADDRE		,		
TREASUREF	Divo Day	Rock I	sland, IL 6/201 IKLWHE	<u>a</u>		
9. POSITI	ON, NAME & MAILING ADDRESS	OF EACH CUSTODIAN	OF THE COMMITTEE'S BOOKS AND ACCOUNTS	s.		
POSITION	NAME	MAILING ADDRE	ESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRES	SS		
10. LIST 0	DF ALL FINANCIAL INSTITUTION	S AND OTHER REPOSIT	TORIES OF THE COMMITTEE FUNDS.			
J (IF AIVI	ENDING, LIST ALL AS OF TODAY'S D NAME		ING ADDRESS AND PHONE NUMBER			
RE TR	TURN TO CONTRIBUTORS IN AMOUI ANSFER TO ANOTHER POLITICAL CO ANSFER TO A CHARITABLE ORGANI	NTS NOT TO EXCEED THE OMMITTEE: ZATION:	EIR INDIVIDUAL CONTRIBUTIONS. ASE ATTACH ADDITIONAL SHEETS.			
EXPENDITURES OF TH	BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE	SCRIBED IN THIS STATEMENT OF ORG	POSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND GANZATION THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS EDG	OM.		
ANY SOURCE, PROVID	DED THAT THIS BAI LOT INITIATIVE COMMITTEE DOES	NOT MAKE CONTRIBUTIONS OR EXPE	ENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATE S SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)	EC		
PRINTED AND	WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSON	6-21-13 N DATE			
I DECLARE THAT (I) THE EXPENDITURES OF THE FROM ANY SOURCE.	VERIFICATION: L	NDEPENDENT EXPENDITURI MED FOR THE EXCLUSIVE PURPOSE (ESCHIBED IN THE STATEMENT OF OIL SOMMITTEE DOES NOT MAKE CONTRIBE	E COMMITTEES ONLY OF MAKING INDEPENDENT EXPEN DITURES, (ii) ALL CONTRIBUTIONS AND REALIZATION, (iii) THE COMMITTEE MAY A COMMITTEE ON TRIBUTION INTO ANY CARD COMMITTEE ON THE MATERIAL PROPERTY COMMITTEE ON THE MATERIAL PROPERTY COMMITTEE OF ANY CAMPICATION.	NS MITTI		
PRINTED AND	WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSON	N DATE			
AND BELIEF, IS A TRUE	STATEMENT OF ORGANIZATION (INCLUDING ANY ACC	IIZATION AS REQUIRED BY ARTICLE 9.	DMMITTEES EMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE OF THE ELECTION CODE. I UNDERS TAND THAT WILLFULLY FILING A FALSE OF	E)R 		
PRINTED AND	WRITTEN SIGNATURE OF TREA	ASURER OR CANDIDAT	E DATE			
OUTLINED UNDER I	PUBLIC ACT 78-1183, WILLFUL FAILURE TO FIL SINESS OFFENSE SUBJECT TO A FINE OF UP T	LE OR WILLFUL FILING OF FALSE O \$5000. THIS FORM IS IN COMP	HAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE FOR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHAP PLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.	A\$ ALL		
e-m	ALL P STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 ail: D1@ELECTIONS.IL.GOV(D-1s ONLY)	OLITICAL COMMITTEES RET	URN TO: STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232 fax: 312-814-6485 e-mail: D1@ELECTIONS. L.GOV(D-1s ONLY)			

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