FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BUARD OF ELECTIONS

FOR OFFICE USE ONLY

13 0CT 30 PM 12: 25

Full name and complete mailing address of Political Committee:

Friends of Chris Smith 812 N 4th St Vandalia, II 62471

IDENTIFICATION No.

FOLITICAL COMMITTEE E-MAIL ADDRESS: Chris@ Sm. +hforsheriff.net _ CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.								
1.	DATE COMMITTEE CREATED: 10/28/	13	2.	AMOUNT OF FUNDS AVAILADED CREATION DATE:	BLE 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) Fayette B. POLITICAL PARTY AFFILIATION: C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
6.	To support the candidacy of Chris Smith							
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			
	Thris Sm.th 812 N. 4th St. Vandalia, Il 62471			County Sheriff	Republican			

CON	MMITTEE N	AME: Friends of Chris	Smith	POLITICAL COMMITTEE IDENTIFICATION No.:			
8. REQUIRED COMMITTEE OFFICERS.							
POSITION		NAME	MAILING ADDRES	S, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN		Chris Smith	812 N. 4th St. Chrisa Smithforshert Vandalia, II 62471 (418) 267-3718				
TREASURER		Andrea Smith	8/2 N. 4th St. 6247/ (618) 267-3720				
9.	9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.						
POSITION		NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS				
Treasurer		Andrea Smith		II 62471 (618)267-3720			
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				
First National Bank 432 W. Galktin (618) 283-1141 Vandalia, TI 62471							
TRANSFER TO A CHARITABLE ORGANIZATION: STUDIES 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 THIS STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM							
ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONFOR NOMINATION FOR ELECTION, ELECTION OF RETENTION AND FAILURE TO ABIDE BY THE			E BY THESE REQUIREMENTS:				
PRINTED AND		WRITTEN SIGNATURE OF COMMITTE	E CHAIRPERSON				
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE WAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE ON THAT EXPENDITURE TO ABOUT THE PURPOSE OF POLITICAL ACTION COMMITTEE, AND (iv) FAULURE TO ABOUT BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.							
	hris Smr	(/ 0 × / 1000)		10-28-13			
PRII	NTED AND	WRITTEN SIGNATURE OF COMMITTE	E CHAIRPERSON	DATE			
VERIFICATION: ALL POLITICAL COMMITTEES I OECLARE 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 UNDERS AND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.							
A	ndrea	Smith Andrea Si	nigh	10-28-13			
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE THE ILLINDIS 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 DEFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT. ALL POLITICAL COMMITTEES RETURN TO:							
	e-mai	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 it: D1@ELECTIONS.IL.GOV(D-1s ONLY)		STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 6(601-3232 fax: 312-814-6485 e-mail: D1@ELECTIONS.IGOV(D-1s ONLY)			

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