



FORM

STATEMENT OF ORGANIZATIONS DARD OF ELECTIONS

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PLEASE TYPE OR PRINT IN BLACK INK

13 NOV 14 PM 1:45

Full name and complete mailing address of Political Committee: Anderson for Illinois 367 Avenue of the Cities, Suite D East Moline, Il 61244 POLITICAL COMMITTEE IDENTIFICATION No. E-MAIL ADDRESS: neil@electneil.com 45-3607751-**CHECK HERE IF ADDRESS CHANGE** SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. AMOUNT OF FUNDS AVAILABLE AS OF OATE COMMITTEE CREATED: 11/13/2013 **CREATION DATE:** \$1,965.80 ✓ 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 3. ON FILE.) ☐ REACTIVATING POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE: 4. □ 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: Illinois State Senate District 36 ☐ POLITICAL ACTION COMMITTEE ☐ POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE ☐ INDEPENDENT-EXPENDITURE-ONLY PAC** ** May not make direct contributions or coordinated expenditures. POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. 5. 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) Rock Island County, Whiteside County, Carroll County and Henry County B. POLITICAL PARTY AFFILIATION: Republican C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: PURPOSE OF THE POLITICAL COMMITTEE. 6. To runfor Office of the State Senate CANDIOATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.) 7. PARTY AFFILIATION **OFFICE** SUPPORT **OPPOSE** NAME AND ADDRESS Illinois State Senate Republican

Neil Anderson 2531 23rd Ave. Rock Island, II 61201

COMMITTEE NAME: Anderson for Illinois					POLITICAL COMMITTEE IDENTIFICATION No.: 45-3007759「スラレイター)	
8. REQUIRED COMMITTEE OFFICERS.						
POSITION NAME			MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN Paula DeWild			14127 13th St Milan, ll 61264 (563)940-3553 paula@electneil.com			
TREASURER Martin Hanson				5431 30th Ave Moline, II 61265 (309)781-7985 martyhanson7@gmail.com		
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		
10.	LIST O	F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA	AND (OTHER REPOSIT	ORIES OF THE COMMITTEE FUNDS.	
NAME				MAILING ADDRESS AND PHONE NUMBER		
Moline Municipal Credit Union				618 15th Street Moline, II 61265 309)797-2185		
TRANSFER TO A CHARITABLE ORGANIZATION: 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 THIS STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM EXPENDITURES OF THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES OR 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)						
FOR NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FALLIS			// ABIDE	17/1/1/	11/13/2013	
PRINTED AND WRITTEN SIGNATURE OF COMM				E CHAIRPERSON	N DATE	
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY I DECLARE THAT (1) 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 OESCRIBED IN THE STATEMENT OF O REQUIZATION. (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 COMMITTED OR POLITICAL ACTION COMMITTEE. AND (IV) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.						
Dia Dilli			1	7/11/	11/13/2013	
PRINTED AND WRITTEN SIGNATURE OF COMMIT				E CHAIRPERSO	N DATE	
VERIFICATION: ALL POLITICAL 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 \$1904 AND UP TO \$5000.						
Neil Anderson The			a ³		11/13/2013	
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 THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS						
CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF OF TO \$5500. THIS TORKING WORLD						
STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 e-mail: <u>D1@ELECTIONS,IL.GOV(D-1s ONLY)</u>					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.IL.GOV(D-1s ONLY)	

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