

FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY STATE BOARD OF ELECTIONS

14 MAY -9 PM 4: 27

Full name and complete mailing address of Political Committee: Macon County Republican Central Committee PO Box 795 Decatur, Illinois, 62525 POLITICAL COMMITTEE IDENTIFICATION No. E-MAIL ADDRESS: west87@sbcglobal.net 366-13 **CHECK HERE IF ADDRESS CHANGE** SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR (IUIDANCE. AMOUNT OF FUNDS AV VILABLE AS OF DATE COMMITTEE CREATED: 04/16/2014 1. **CREATION DATE:**\$11,8 |8.19 ☐ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS **BEFORE** AN ELECTION.) 3. MENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSI CHANGES FROM LAST D-1 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: □ 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) Macon County B. POLITICAL PARTY AFFILIATION: Republican C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: Macon County Republican Central Committee, PO Box 795, Decatur, Illinois, 62525 PURPOSE OF THE POLITICAL COMMITTEE. 6. Support Republican candidates for office 7. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.) NAME AND ADDRESS SUPPORT OPPOSE **OFFICE** PARTY AFFILIATION IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.

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Revised 7/9/12

THIS FORM MAY BE REPRODUCED

COMMITTEE NAME: Macon County Republican Central Committee 366-13					E IDENTIFICATION No.:
8.	T	ED COMMITTEE OFFICERS.		<u> </u>	
P(POSITION NAME		MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE I UMB	
CHAIRMAN		Bruce E. Pilisbury	3777 Tulane Drive, De 217-423-9772 brucelibby@aol.com		
TREASURER		Kent A West		114 N. Westdale Płacc Decatur, Illinois,62522 217-424-0715, west87@sbcglobal.net	
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EACH CUSTODIAN C	OF THE COMMITTEE'S	BOOKS AND ACCOUNTS.
POSITION		NAME	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE N JMBER, AND E-MAIL ADDRE	
		Same	Same		
10.		F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S D.		ORIES OF THE COMAIN	TEE FUNDS.
NAME MAILING ADDR				NG ADDRESS AND PHONE	NUMBER
			PO Box 2548 Decatur, Illinois, 52525-2548 217-875-3131		
11.	RET	SITION OF RESIDUAL FUNDS IN URN TO CONTRIBUTORS IN AMOUN NSFER TO ANOTHER POLITICAL CO NSFER TO A CHARITABLE ORGANIZ	NTS NOT TO EXCEED THEN		
		IF MORE SPACE FOR INFORMA	TION IS REQUIRED, PLEAS	SE ATTACH ADDITIONAL S	HEETS.
ANY SO	CITURES OF THE URCE PROVIDED	VERIFICATION ALLOT INITIATIVE COMMITTEE IS FORMED FOR THE COMMITTEE, WILL BE USED FOR THE PURPOSE DES THAT THIS BALLOT INITIATIVE COMMITTEE DOES LECTION, ELECTION OR RETENTION, AND FAILURE	ICRIBLO IN THIS STATEMENT OF ORGA ACT MAKE CONTRIBUTIONS OR EXPEND	RING A QUESTION OF PUBLIC POLICY NIZATION, THE COMMITTEE MAY AC 3 DISTINGES IN STREET OF OR OR OR OR	EPT UNLIMITED CONTRIBUTIONS FROM UND TO A PANDYDATE OR CANCIDATES
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Bruce Li Villabury Suc			ee L. Yillalury		04-22-14
PRIN	TED AND	WRITTEN SIGNATURE OF COM	MITTEE CHAIRPERSON		DATE
AND RE	JEF 18 A 130E, C	VERIFIE ATEMENT OF ORGANIZATION (INCLUDING ANY ACCIONATION OF ORGANIZATION) CORRECT AND COMPLETE STATEMENT OF AT LEAST STATEMENT O	ZATION AS REQUIRED BY ARTICLE 9 OF	ENTS) HAS REEN FYAMINED BY ME M	D, TO THE BEST OF MY KNOWLEDGE THAT WILLFILLY FILING A FALSE OR
KENTAWEST LENDAWEST					04-22-14
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE					DATE
THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY DUTLINED UNDER PUBLIC ACT 78-1183, WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION RECONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGE!					I OHIDED BY THIS ADTICLE CHALL
ALL FOLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS STATE BOARD OF ELECTIONS					
		2329 S MACARTHUR BLVD		JAMES R. THOMPSON 100 W RANDOLPH ST.	N CENTER
	e-mai	SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 fig. 1223		CHICAGO, IL. 6060 fax: 312-814-64	1- 1232 85
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