

# NATURAL PERSON INDEPENDENT EXPENDITURE DISCLOSURE

FOR OFFICE USE ONLY

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

A natural person shall notify the State Board of Elections of an aggregate of independent expenditures supporting or opposing a public official or candidate totaling \$3000 or more during a 12 month period, within 2 business days, of meeting/exceeding the \$3000 threshold.

|                              |
|------------------------------|
| Natural person's name:       |
| Natural person's address:    |
| Natural person's occupation: |
| Natural person's employer:   |

|  |                                       |      |              |                     |
|--|---------------------------------------|------|--------------|---------------------|
| Name and address of public official/candidate: | <input type="checkbox"/><br>supported | Date | Amount<br>\$ | Nature/Description  |
|  | <input type="checkbox"/><br>opposed   |      |              |                     |
| Name and address of public official/candidate: | <input type="checkbox"/><br>supported | Date | Amount<br>\$ | Nature/ Description |
|  | <input type="checkbox"/><br>opposed   |      |              |                     |
| Name and address of public official/candidate: | <input type="checkbox"/><br>supported | Date | Amount<br>\$ | Nature/ Description |
|  | <input type="checkbox"/><br>opposed   |      |              |                     |
| Name and address of public official/candidate: | <input type="checkbox"/><br>supported | Date | Amount<br>\$ | Nature/ Description |
|  | <input type="checkbox"/><br>opposed   |      |              |                     |

**VERIFICATION**

I DECLARE THAT THIS REPORT OF MY INDEPENDENT EXPENDITURE(S) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE DISCLOSURE AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE REPORT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000.

**Signature of natural person** **Date**

|   |   |  |
|---|---|--|
| STATE BOARD OF ELECTIONS<br>PO BOX 4187<br>1020 S Spring St<br>SPRINGFIELD, IL 62708-4187 | ALL NATURAL PERSONS RETURN TO:<br><br><b>OR</b> | STATE BOARD OF ELECTIONS<br>JAMES R. THOMPSON CENTER<br>100 W RANDOLPH ST, STE 14-100<br>CHICAGO, IL. 60601-3232 |
|---|---|--|

**INSTRUCTIONS FOR COMPLETION OF THIS NATURAL PERSON INDEPENDENT EXPENDITURE  
DISCLOSURE FORM**

**SEE PAMPHLET “A GUIDE TO CAMPAIGN DISCLOSURE” FOR ADDITIONAL GUIDANCE.**

1. Enter the natural person’s name.
2. Enter the natural person’s complete address.
3. Enter the natural person’s occupation.
4. Enter the name of the natural person’s employer.
5. Enter the name of the candidate or public official for whom the natural person made an independent expenditure on behalf of or in opposition to.
6. Check the column that indicates whether the natural person ‘supported’ or ‘opposed’ the candidate or public official.
7. Enter the date the independent expenditure was made.
8. Enter the total amount of the independent expenditure on the date indicated.
9. Enter the nature or purpose of the independent expenditure.
10. **Sign and date the form.**