

FORM

Full name and complete mailing address of Political Committee

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

09 MAY 26 AM 8: 56

TATE BOARD OF ELECTIONS

Committee to Elect Michael Mick Moliske for Sheriff 1017 East Ash St. FOR OFFICE USE ONLY **IDENTIFICATION NO** 62568 Taylorville ☐ CHECK IF ADDRESS CHANGE SEE GUIDE TO CAMPAIGN DISCLOSURE FOR INSTRUCTIONS AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE DATE COMMITTEE CREATED 2. 05/18/2009 **COMMITTEE WAS CREATED \$ AMENDMENT NEW COMMITTEE** X 3. (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES) POLITICAL COMMITTEES AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION ☐ STATE & LOCAL POLITICAL COMMITTEE STATE POLITICAL COMMITTEE ■ LOCAL POLITICAL COMMITTEE - IF THIS IS A LOCAL OR A STATE AND LOCAL POLITICAL COMMITTEE, PLEASE LIST THE COUNTY OR COUNTIES IN WHICH IT WILL OPERATE: C — THIS COMMITTEE WILL PRIMARILY $oxed{f Z}$ SUPPORT $oxed{f \Box}$ OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE ☐ SUPPORT ☐ OPPOSE QUESTIONS OF PUBLIC POLICY D ... THIS COMMITTEE WILL E - POLITICAL PARTY AFFILIATION Democratic F — COUNTY OF RESIDENCE OF CANDIDATE _____ Christian PURPOSE(S) OF THE POLITICAL COMMITTEE:* 5. To support Michael Mick Moliske for Christian County Sheriff. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE RETURN TO CONTRIBUTIONS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTION TRANSFER TO ANOTHER POLITICAL COMMITTEE TRANSFER TO A CHARITABLE ORGANIZATION VERIFICATION I DECLARE THAT THIS STATEMENT OF ORGANIZATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT THE PENALTY FOR WILLFULLY FILING A FALSE STATEMENT SHALL BE A FINE NOT TO EXCEED \$500 OR IMPRISONMENT IN A PENAL INSTITUTION OTHER THAN THE PENITENTIARY NOT TO EXCEED 6 MONTHS, OR BOTH FINE AND IMPRISONMENT. Jennifer Ford SIGNATURE OF TREASURER OR CANDIDATE DATE THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. DISCLOSURE OF THIS INFORMATION IS REQUIRED FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO \$1,000.00. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT LOCAL POLITICAL COMMITTEES AND STATE POLITICAL COMMITTEE STATE AND LOCAL POLITICAL COMMITTEES RETURN TO: **RETURN ORIGINAL TO** STATE BOARD OF ELECTIONS

** This statement must be filed within 10 business days of creation, or within 5 days if creation is within 30 days of an election.

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

1020 SOUTH SPRING STREET

SPRINGFIELD, IL 62708

P.O. BOX 4187

(THIS FORM MAY BE REPRODUCED)

STATE BOARD OF ELECTIONS

APPROPRIATE COUNTY CLERK

REVISED JULY 1, 1993

Printed on Recycled Paper

AND COPY TO

Affiliated Persons / Organizations : Committee : Committee to Elect Michael Mick Mo	liske for Sherif	f		L - 1	5491	
7. CANDIDATE SUPPORTED/ OPPOSED	<u> </u>					
NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE		PARTY AFFILIATION	
Michael L. Moliske	х		Sheriff		Democratic	
1017 East Ash St.						
Taylorville IL 62568						
8. REQUIRED COMMITTEE OFFICER - TREASURER						
NAME	ADDRES	ADDRESS				
Jennifer Ford	1000 E.	1000 E. Cleveland St,.				
	Taylorvill	Taylorville			IL 62568	
	PHONE N	IUMBER:	-			
8. REQUIRED COMMITTEE OFFICER - CHAIRPERSON						
NAME	ADDRES	ADDRESS				
Milchael Mayer	804 Kenton Blvd.					
	Taylorvill	Taylorville			62568	
	PHONE N	PHONE NUMBER:				
9. CUSTODIAN OF RECORDS - TREASURER						
NAME	ADDRES	ADDRESS				
Jennifer Ford	1000 E.	1000 E. Cleveland St,.				
	Taylorvil	Taylorville			62568	
10. FINANCIAL INSTITUTION/ REPOSITORY OF COMMITTEE FUN	DS					
NAME	ADDRES	ADDRESS				
Taylorville Community Credit Union	422 We	422 West Main Cross St.				
	Taylorvil	le		IL	62568	
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