



FORM D-1 STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY
 STATE BOARD OF ELECTIONS
 10 MAR 10 AM 9:25

THIS FORM MAY BE TRANSMITTED BY FAX. THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

POLITICAL COMMITTEE IDENTIFICATION NO.
 LOCAL
 4-14314-14

Full name and complete mailing address of Political Committee:
 CITIZENS TO Elect JAMES C. SCHLADER
 2123 Colby Dr.
 McHenry, IL 60050

E-MAIL ADDRESS: JIMCSCHLADER@AOL.COM

CHECK HERE IF ADDRESS CHANGE

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

1.	DATE COMMITTEE CREATED: <u>8/7/07</u>	2.	AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE COMMITTEE WAS CREATED: \$ <u>0.0</u>
3.	<input type="checkbox"/> NEW COMMITTEE <input type="checkbox"/> REACTIVATING <input checked="" type="checkbox"/> AMENDMENT: (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)		
4.	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION: A - <input type="checkbox"/> STATE POLITICAL COMMITTEE <input type="checkbox"/> STATE & LOCAL POLITICAL COMMITTEE <input checked="" type="checkbox"/> LOCAL POLITICAL COMMITTEE B - IF THIS IS A LOCAL OR A STATE & LOCAL POLITICAL COMMITTEE, PLEASE LIST THE COUNTY OR COUNTIES IN WHICH IT WILL OPERATE: <u>McHenry</u> C - THIS COMMITTEE WILL PRIMARILY: <input checked="" type="checkbox"/> SUPPORT OR <input type="checkbox"/> OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE. D - THIS COMMITTEE WILL: <input checked="" type="checkbox"/> SUPPORT OR <input type="checkbox"/> OPPOSE QUESTIONS OF PUBLIC POLICY. E - POLITICAL PARTY AFFILIATION: <u>REPUBLICAN</u> F - COUNTY OF RESIDENCY OF CANDIDATE: <u>McHenry</u>		
5.	PURPOSE (S) OF THE POLITICAL COMMITTEE.* <u>To Elect James C. Schlader</u>		
6.	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.

NAME OF POLITICAL COMMITTEE

POLITICAL COMMITTEE
IDENTIFICATION NUMBER:

L-14314

7. REQUIRED COMMITTEE OFFICERS.* (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	JAMES C. SCHLADER	2123 Colby Dr McHenry IL 60050 815 459 1676 JIMCSCHLADER@AOL.COM
TREASURER	JAMES C. SCHLADER	2123 Colby Dr McHenry, IL 60050 815 459 1676 JIMCSCHLADER@AOL.COM

8. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.* (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	JAMES C. SCHLADER	2123 Colby Dr McHenry, IL 60050 815-459-1676 JIMCSCHLADER@AOL.COM

9. 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
HOME STATE BANK	PO Box 1738 40 GRANT ST. CRYSTAL LAKE, IL 60039-1738 815-459-2000

10. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE:

- RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS.
- TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____
- TRANSFER TO A CHARITABLE ORGANIZATION: _____

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

VERIFICATION

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 A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE

DATE

James C. Schlader

3-8-10

THE ILLINOIS 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 OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEE RETURN TO:
STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, IL 62704-2924

LOCAL POLITICAL COMMITTEES AND
STATE AND LOCAL POLITICAL COMMITTEES RETURN
ORIGINAL TO:
STATE BOARD OF ELECTIONS AND A COPY TO EACH
APPROPRIATE COUNTY CLERK.