

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

10 000 28 77 8: 15

Full name and complete mailing address of Political Committee:

Citizens for Bob Huston 105 Camelin Dr Washington, IL 61571-9326

POLITICAL COMMITTEE
IDENTIFICATION NO

E-MAIL ADDRESS:	
	CHECK HERE IE ADDRI

CHECK HERE IF ADDRESS CHANGE // //								
	SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED:		1 7	AMOUNT OF FUNDS AVAILA CREATION DATE :\$	BLE AS OF			
3.	■ 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.) REACTIVATING							
4.	POLITICAL COMMITTEE'S DESIGNATION ALL COMMITTEES CHOOSE ONE: CANDIDATE POLITICAL COMMITTEE* POLITICAL ACTION COMMITTEE POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE *For purposes of contribution limits and reporting multiple offices elected at different elections multiple offices elected at different elections multiple offices.	ng requirement	S a single		IMITTEE supporting a candidate for			
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 pallot initiatives) B. POLITICAL PARTY AFFILIATION: C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:							
6.	PURPOSE OF THE POLITICAL COMMITTEE.							
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			

COMMITTEE NAME.				POLITICAL COMMITTEE IDENTIFICATION No.:		
8.						
P	OSITION	NAME.	MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
	CHAIRMAN					
TF	REASURFR					
9.	POSITION	N, NAME & MAILING ADDRESS OF	EACH CUSTODIAN	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.		
P	OSITION	NAME	MAILING ADDRES	SS. DAYTIME PHONE NUMBER. AND E-MAIL ADDRESS		
10	•	ALL FINANCIAL INSTITUTIONS AI		ORIES OF THE COMMITTEE FUNDS.		
	-	NAME	MAłLI	NG ADDRESS AND PHONE NUMBER		
11	☐ RETL	JRN TO CONTRIBUTORS IN AMOUNTS NSFER TO ANOTHER POLITICAL COMM NSFER TO A CHARITIBLE ORGANIZATE IF MORE SPACE FOR INFORMATIO VERIFICATION-	NOT TO EXCEED THE WITTEE: ON: ON IS REQUIRED, PLEA BALLOT INITIATIVE COM	SE ATTACH ADDITIONAL SHEETS.		
POLIF ORGA COMI NOMI	CY, ALL CONTI ANIZATION, TH MITTEE DOES INATION FOR I	RIBUTIONS AND EXPENDITURES OF THE C IE COMMITTEE MAY ACCEPT UNLIMITED C NOT MAKE CONTRIBUTIONS OR EXPENDI	COMMITTEE WILL BE USE CONTRIBUTIONS FROM AI TURES IN SUPPORT OF C	E OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC TO FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF NY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE DR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN		
PRI	NTED AND V	WRITTEN SIGNATURE OF COMMIT				
BY M REQU	E AND, TO THE JIRED BY ART	E BEST OF MY KNOWLEDGE AND BELIEF, I	UDING ANY ACCOMPANY IS A TRUE, CORRECT, AN	BALLOT INITIATIVE COMMITTEES TING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED TID COMPLETE STATEMENT OF ORGANIZATION AS FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT		
Kal	Herine		Thomas Hort	-dl 12-27-10		
THE I	LUNDIS STATE I NED UNDER PU	SLIC ACT 78-1183, WILLFUL FAILURE TO FILE OF	SURE OF THE ORMATION THE	DATE AT IS NECESSARY IF YOU QUALIFY AS A POUTICAL COMMITTEE AS OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL LIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT		
	STATE BOA PO 1020 : SPRINGFIE fax: 2	ALL POLITI RD OF ELECTIONS STA BOX 4187 JAN S SPRING ST 100 V	TICAL COMMITTEES RETU ATE BOARD OF ELECT MES R. THOMPSON CE W RANDOLPH ST, STE CHICAGO, IL. 60601-32: fax: 312-814-6485	URN TO TIONS LOCAL POLITICAL COMMITTEES AND NTER STATE & LOCAL POLITICAL 14-100 COMMITTEES RETURN ORIGINAL TO 32 STATE BOARD OF ELECTIONS AND A COPY TO EACH APPROPRIATE		

AARON CODY

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