



FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

11 NOV 28 PM 12:31

Full name and complete mailing address of Political Committee:

CITIZENS FOR ANDREW BOLLMAN
P.O. BOX 1171
119 W 1ST ST
DIXON, IL 61021

POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: BOLLMANLAW@ESSEX1.COM

CHECK HERE IF ADDRESS CHANGE

24003-6

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

1. DATE COMMITTEE CREATED: 11/14/2011
2. AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE: \$2900.00
3. NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.)
4. POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONE: CANDIDATE POLITICAL COMMITTEE\*
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): LEE COUNTY, ILLINOIS
6. PURPOSE OF THE POLITICAL COMMITTEE. To support the candidacy of Andrew Bollman for the office of Lee County State's Attorney by raising campaign funds and paying for campaign expenditures.
7. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

Table with 5 columns: NAME AND ADDRESS, SUPPORT, OPPOSE, OFFICE, PARTY AFFILIATION. Row 1: ANDREW BOLLMAN, 387 WALKER RD, DIXON, IL 61021, [checked], [unchecked], LEE COUNTY STATE'S ATTORNEY, REPUBLICAN PARTY

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

**8. REQUIRED COMMITTEE OFFICERS.**

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	ANDREW BOLLMAN	119 W 1ST ST, P.O. BOX 1171, DIXON, IL 61021 815.288.0435 BOLLMANLAW@ESSEX1.COM
TREASURER	ANN TAYLOR	1666 STERLING RD, AMBOY, IL 61310 815.973.1200

**9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.**

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	ANDREW BOLLMAN	119 W 1ST ST, P.O. BOX 1171, DIXON, IL 61021 815.288.0435 BOLLMANLAW@ESSEX1.COM

**10. 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
STERLING FEDERAL BANK	402 S GALENA AVE DIXON, IL 61021 815.288.3327

**11. 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 CHARITIBLE ORGANIZATION: \_\_\_\_\_

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

**VERIFICATION- BALLOT INITIATIVE COMMITTEES ONLY**

I DECLARE THAT THIS **BALLOT INITIATIVE COMMITTEE** IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. (10 ILCS 5/9)

11/24/2011

**PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON** \_\_\_\_\_ **DATE**

**VERIFICATION: ALL POLITICAL COMMITTEES INCLUDING BALLOT INITIATIVE COMMITTEES**

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 SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

11/24/2011

**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 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.

**ALL POLITICAL COMMITTEES RETURN TO:**

STATE BOARD OF ELECTIONS  
PO BOX 4187  
1020 S SPRING ST  
SPRINGFIELD, IL 62708-4187  
fax: 217-557-5630

STATE BOARD OF ELECTIONS  
JAMES R. THOMPSON CENTER  
100 W RANDOLPH ST, STE 14-100  
CHICAGO, IL. 60601-3232  
fax: 312-814-6485

e-mail: [D1@ELECTIONS.IL.GOV](mailto:D1@ELECTIONS.IL.GOV) (D-1s ONLY)

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