

FORM

STATEMENT OF ORGANIZATION STATE BUARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

-11 DEC -8 AM 8: 45

Full name and complete mailing address of Political Committee:

Citizens to Elect O'Shaughnessy 11 E. North St. Danville, IL 61832 Telephone (217) 446-0600

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS: tmoshaughnessy@yahoo.com

CHECK HERE IF ADDRESS CHANGE

24036-11

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.										
1.	DATE COMMITTEE CREATED: 12/7/11		2.	AMOUNT OF FUNDS AVAIL CREATION DATE :\$ 0.00	ABLE 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. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.) REACTIVATING									
4.	POLITICAL COMMITTEE'S DESIGNATION:									
т.	ALL COMMITTEES CHOOSE ONE:									
	CANDIDATE POLITICAL COMMITTEE* POLITICAL ACTION COMMITTEE									
	POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE *For purposes of contribution limits and reporting requirements a single Candidate Political Committee supporting a candidate for									
	multiple offices elected at different elections m Vermilion County Recorder		-		•					
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 ballot initiatives) Vermilion County									
	B. POLITICAL PARTY AFFILIATION: Republican									
	C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:									
6.	PURPOSE OF THE POLITICAL COMMITTEE. To support the candidacy of Thomas M. O'Shaughnessy									
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					
Thomas M. O'Shaughnessy 104 Woodland Terrace Catlin, IL 61817		V		Vermilion County Recorder	Republican					

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

THIS FORM MAY BE REPRODUCED

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Revised 1/1/11

CON	MITTEE N	AME: Citizens to Elect O'Shaughnes	ssy		POLITICAL COMMITTEE IDENTIFICATION No.: 24036				
8. REQUIRED COMMITTEE OFFICERS.									
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN		Thomas M. O'Shaughnessy		11 E. North St., Danville, IL 61832 (217) 446-0600 tmoshaughnessy@yahoo.com					
TREASURER		Rebecca L. Mockbee		4171 Bristol Dr. Unit D, Danville, IL 61834 (217) 446-0600 rlpotts76@hotmail.com					
9.	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				11 E. North St., Danville, IL 61832 (217) 446-0600 moshaughnessy@yahoo.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					
First Financial Bank, N.A.			One Towne Centre, Danville, IL 61832 (217) 442-0362						
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)									
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.									
		color		omas M. O'Sha	ighnessy 12/7/2011				
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:									
ww els		STATE BOARD OF ELECTIONS PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 fax: 217-557-5630 D1@ELECTIONS.IL.GOV(D-1s ONLY)		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: <u>D1@ELECTIONS.IL.GOV(</u> D-1s ONLY)					
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