E-MAIL ADDRESS:



**FORM** 

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

CHECK HERE IF ADDRESS CHANGE

FOR OFFICE USE ONLY

12FED -9 PM 3:24

Full name and complete mailing address of Political Committee:

IL Society for Advance Practice Nursing Po BOX 1735

Springfield, 11 62705-1735

POLITICAL COM	· · ——
IDENTIFI - 17071	CATION No. 12
11011-	- 10

	SEE PAMPHLET "A GUIDE TO CAMPAI	GN	DISCLOSURE" FOR GUIDANCE.		
1.	DATE COMMITTEE CREATED:	2.	AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$		
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:				
	CANDIDATE POLITICAL COMMITTEE*  POLITICAL PARTY COMMITTEE  *For purposes of contribution limits and reporting requirements multiple offices elected at different elections must designate an	a sing	• • • •		
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)  N/A  B. POLITICAL PARTY AFFILIATION:  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:				
6.	PURPOSE OF THE POLITICAL COMMITTEE. To support individuals who have committee	ا لي	their support to advanced practice nursing		

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

CANDIDATE(8) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

OPPOSE

OFFICE

NAME AND ADDRESS

SUPPORT

PARTY AFFILIATION

COMMITTEE NAME: ISAPA PAC			POLITICAL COMMITTEE IDENTIFICATION No.:			
8. REQUIRED COMMITTEE OFFICERS.						
POSITION	NAME	MAILING ADDI	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
CHAIRMAN Marie Lindsey		152 Fairfi New Leh	. 0) 0211			
TREASURER Mavie Lindsey			152 Fairfuld Dr. 815/463-0291 New Lenox, 16 mlindsey april G com cast net			
9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.						
POSITION	NAME	MAILING ADD	RESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
Finance manager	Kim Grizzell Covouting 4B12, line	520 S. Se Po BOX 25 Sprinkhi	Cond J., Suite 2-540 1d 1L (2701 (217) #824-7860			
10. LIS	T OF ALL FINANČIAL INSTITUTION: MENDING, LIST ALL AS OF TODAY'S D	3 MAD OTHER VELO	SITORIES OF THE COMMITTEE FUNDS.			
	NAME	MA	Alling Address and Phone Number			
Bank of Springfield 3400 w wabash Are, Springfield, 1662711						
	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 INFORMA	TION IS REQUIRED, PL	EASE 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 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)						
Mari	e Lindsey	mar	ie Lirduy 2/8/12			
PRINTED A	ND WRITTEN SIGNATURE OF COM					
VERIFICATION: ALL POLITICAL COMMITTES INCLUDING BALLOT INITIATIVE COMMITTES  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.						
Mari	e Lindsey	m ar	ie Lindsey 2/8/12			
PRINTED A	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 P STATE BOARD OF ELECTIONS PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 fax: 217-557-5630 s-mail: D1@ELECTIONS.IL GOV(D-1s ONLY)	OLITICAL COMMITTEES R	ETURN TO:  STATE BOARD OF ELECTIONS  JAMES R. THOMPSON CENTER  100 W RANDOLPH ST, STE 14-100  CHICAGO, IL. 60601-3232  fax: 312-814-6485  e-meil: D1,60ELECTIONS.IL.GOV(D-15 ONLY)			