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FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY
CHICAGO

2012 JUL 17 PM 3:30

Full name and complete mailing address of Political Committee:

STATE BOARD OF ELECTIONS

Citizens for Daniel J. McLaughlin
PO Box 678
Orland Park, IL 60462

POLITICAL COMMITTEE
IDENTIFICATION No.

9099-10

E-MAIL ADDRESS:

CHECK HERE IF ADDRESS CHANGE

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

| | | | |
|----|--|--------------------------|---|
| 1. | DATE COMMITTEE CREATED: | 2. | AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE :\$ _____ |
| 3. | <input type="checkbox"/> NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.) <input checked="" type="checkbox"/> AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.) <input type="checkbox"/> REACTIVATING | | |
| 4. | POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE: <input type="checkbox"/> CANDIDATE POLITICAL COMMITTEE* *For purposes of contribution limits and reporting requirements a Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is: _____ <input type="checkbox"/> POLITICAL ACTION COMMITTEE <input type="checkbox"/> POLITICAL PARTY COMMITTEE <input type="checkbox"/> BALLOT INITIATIVE COMMITTEE <input type="checkbox"/> INDEPENDENT-EXPENDITURE-ONLY PAC** ** May not make direct contributions or coordinated expenditures. | | |
| 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) _____ 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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | OFFICE |
| | | | PARTY AFFILIATION |

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

| | |
|-----------------|---|
| COMMITTEE NAME: | POLITICAL COMMITTEE IDENTIFICATION No.: <i>1099-10</i> |
|-----------------|---|

| | | |
|--|------|---|
| 8. REQUIRED COMMITTEE OFFICERS. | | |
| POSITION | NAME | MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS |
| CHAIRMAN | | |
| TREASURER | | |

| | | |
|---|------|---|
| 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 |
| | | |

| | |
|--|---|
| 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 |
| Orland Park Bank & Trust | 15330 S. LaGrange Rd., Orland Park, IL 60462 (708)460-1100 |
| United Trust Bank | 12330 S. Harlem Ave., Palos Heights, IL 60463 (708)728-9900 |

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|--------------------------|---|
| 11. | DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE: |
| <input type="checkbox"/> | RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS. |
| <input type="checkbox"/> | TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____ |
| <input type="checkbox"/> | TRANSFER TO A CHARITABLE 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 5/8)

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON _____ **DATE** _____

VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY

I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE, POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON _____ **DATE** _____

VERIFICATION: ALL POLITICAL 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 8 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.

Heidi Kalinowski **HEIDI KALINOWSKI** _____ **7-16-12** _____
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
 2329 S MACARTHUR BLVD
 SPRINGFIELD, IL 62704-4503
 fax: 217-557-5630
 e-mail: 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: D1@ELECTIONS.IL.GOV (D-1s ONLY)