E-MAIL ADDRESS:

## **FORM**

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY CHICAGO 2012 OCT 31 AM 9: 43

Full name and complete mailing address of Political Committee:

COUNTRYSIDE CITIZENS 4 CHANGE 6929 S. LORRAINE DRIVE

POLITICAL COMMITTEE IDENTIFICATION No. 24329-08

COUNTRYSIDE, IL 60575

CHECK HERE IF ADDRESS CHANGE 24329-08										
SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.										
1.	DATE COMMITTEE CREATED:			AMOUNT OF FUNDS A'CREATION DATE :\$	VAILABLE AS OF					
	☐ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.)									
3.	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: ALL COMMITTEES CHOOSE ONLY ONE:  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:									
	POLITICAL ACTION COMMITTEE POLITICAL PARTY COMMITTEE BALLOT INITIATIVE COMMITTEE 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				E OFFICE	PARTY AFFILIATION					

	IMITTEE N	AME: SIDE CITIZENS4CHH	7~1 G	E	POLITICAL COMMITTEE IDENTIFICATION No.: 24329-05			
8.								
PC	OSITION	NAME		MAILING ADDRES	S, <b>DAYTIME PHONE NUMBER</b> , AND E-MAIL ADDRESS			
CHAIRMAN								
TREASURER								
9.	POSITIO	N, NAME & MAILING ADDRESS (	F EA	CH CUSTODIAN C	OF THE COMMITTEE'S BOOKS AND ACCOUNTS.			
PC	OSITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
10.	10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.  (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)							
		NAME		MAILI	NG ADDRESS AND PHONE NUMBER			
11.	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 INFORMA	TIONIS	REQUIRED, PLEAS	SE ATTACH ADDITIONAL SHEETS.			
VERIFICATION- <u>BALLOT INITIATIVE</u> COMMITTEES ONLY  I DECLARE THAT THIS <u>BALLOT INITIATIVE</u> 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)								
PRIN	ITED AND	WRITTEN SIGNATURE OF COMM	AITTE	E CHAIRPERSON	DATE			
VERIFICATION: <u>ALL POLITICAL COMMITTEES INCLUDING BALLOT INITIATIVE COMMITTEES</u> 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.								
Rick Crossiin Ollumen 10/29/2014								
	ITED AND	WRITTEN SIGNATURE OF TREA			التناف ال			
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:								
	e-ma	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 sil: 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)			

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