#### **FORM**

THIS FORM MAY BE REPRODUCED

# STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY CHICAGO

2012 NOV 21 AM 9:19 STATE BOARS OF ELECTIONS

Full name and	complete maili	ng address of	f Political (	Committee:

Community First 5311 N. Lake St

MCHENRY, IL 60051

E-MAIL ADDRESS: jmjcampbell@yAno.com CHECK HERE IF ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION No.

	SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.						
1.	DATE COMMITTEE CREATED: (0/31/2012	2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$ <u>  1000</u>				
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:						
	ALL CO	MMITTEE	S CHOOSE ONE:				
	CANDIDATE POLITICAL COMMI	TTEE*	POLITICAL ACTION O	COMMITTEE			
	POLITICAL PARTY COMMITTEE		BALLOT INITIATIVE C				
	*For purposes of contribution limits and reporting require		•	,, -			
	multiple offices elected at different elections must design	ate an elect	on cycle by listing the appropriate of	fice. This office is:			
	·	2					
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: Tandeness of EACH SPONSORING ENTITY:						
6.	PURPOSE OF THE POLITICAL COMMITTEE. Election of Candidates (slate) for GRANT Township						
7.							
	NAME AND ADDRESS SUPPOR	Т ОРРО	SE OFFICE	PARTY AFFILIATION			
_3	herine Starostovic S 5286 N. Edgewater Land Engleside, IL. 60041		Supervisor	Independen			

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

PAGE 1 OF 2

(See attached for additional Revised 1/1/11

candidate information)

COMMITTE	ENAME: Community	FIR	POLITICAL COMMITTEE IDENTIFICATION No.:	
8. REQ	UIRED COMMITTEE OFFICERS.			
POSITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS	
Co-Chairman Kimber Klesgen Co-CHAIRMAN Barbara Schau		<del></del>	24 Oak St - Fox Lake, IL 60020 847-546-7623 Road 5467@ msn. com 41 Lakeside Lane - Fox Lake, IL 60020 847-587-21= bechauf grant Towncenter, ORG	
TREASURER JeanNote Campbell			5311 N. Lake St MCHENRY, IL 60051 847-497-3749 SmScampbell @ YAhoo, COM	
9. Posi	TION, NAME & MAILING ADDRESS	OF EA	CH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.	
POSITION	NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS	
Treasure	a Jeannette Campbe	( )	5311 N. Lake St mcHenry, IL 60051 847-497-3749 Jmscampbell @ Yahoo. com	
	T OF ALL FINANCIAL INSTITUTIONS AMENDING, LIST ALL AS OF TODAY'S D.		OTHER REPOSITORIES OF THE COMMITTEE FUNDS.	
	NAME		MAILING ADDRESS AND PHONE NUMBER	
Bmo	Harris Bank		1310 S. Route 12 Fox Lake, IL 60020 847-973-2265	
	TRANSFER TO ANOTHER POLITICAL CO	TTIMMC		
	IF MORE SPACE FOR INFORMA	TION IS	REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.	
POLICY, ALL C ORGANIZATION COMMITTEE D NOMINATION F	AT THIS <u>BALLOT INITIATIVE COMMITTEE</u> IS CONTRIBUTIONS AND EXPENDITURES OF TH N, THE COMMITTEE MAY ACCEPT UNLIMITE OES NOT MAKE CONTRIBUTIONS OR EXPE	FORME HE COMM ED CONT NDITURE	LOT INITIATIVE COMMITTEES ONLY  D FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC WITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF IRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE ES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR ILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN	
PRINTED A	ND WRITTEN SIGNATURE OF COMI	MITTEE	CHAIRPERSON DATE	
BY ME AND, TO REQUIRED BY	AT THIS STATEMENT OF ORGANIZATION (IN ) THE BEST OF MY KNOWLEDGE AND BELIE	ICLUDIN EF, IS A T ERS <b>T</b> AN	G ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS D THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT	
PRINTED AN	ete Campbell Jea ND WRITTEN SIGNATURE OF TREA	AMEN SUREF	ROR CAMDIDATE DATE	
OUTLINED UNDE	R PUBLIC ACT 78-1183, WILLFUL FAILURE TO FILI BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO	E OR WILI O \$5000. 1	OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS LFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.	
e	STATE BOARD OF ELECTIONS PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 fax: 217-557-5630 -mail: D1@ELECTIONS.IL.GOV(D-1s ONLY)	JETHCAL	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@FLECTIONS IL GOV/D-1s ONLY)	

www.elections.il.gov

# **COMMUNITY FIRST**

#### #7 Continued Form D-1

# 24716-8

### **Candidates**

Name & Address	Support	Oppose	Office	Party Affiliation
Kimber Kiesgen 24 E. Oak St Fox Lake, IL 60020	X		Road Commissioner	Independent
Jeri J.Barr 15 Lakeside Lane Fox Lake, IL 60020	X		Assessor	Independent
Barbara Schau 41 Lakeside Lane	X		Clerk	Independent
Fox Lake, IL 60020	X			
Theodore Beskow 116 Bay Rd. Fox Lake, IL 60020	X		Trustee	Independent
Robert Hamm 34678 Michael Rd Ingleside, IL 60041	X		Trustee	Independent
Richard W. Stueber 33700 N. Creek Ct. Ingleside, IL 60041	X		Trustee	Independent
Robert Selle 34871 Leonard Ingleside, IL 60041	X		Trustee	Independent