Jan 25 13 06. 15k

STATE BOARD OF ELECTIONS

FORM

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Political Committee: CITIZENS FOR GREG ROOSEVELT

PO BOX 602 EDWARDSVILLE, IL 62025-0602

E-MAIL ADDRESS; cpasusaryoung@gmail.com

POLITICAL COMMITTEE IDENTIFICATION No.

CHECK HERE IF ADDRESS CHANGE SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. AMOUNT OF FUNDS AVAILABLE AS OF DATE COMMITTEE CREATED: 01/19//3 1. **CREATION DATE:\$** ☑ 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 ☐ REACTIVATING POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE: 4. CANDIDATE POLITICAL COMMITTEE\* \*For purposes of contribution limits and reporting requirements a Candidate Political Committed 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 IN TIATIVE COMMITTEE ■ NDEPENDENT-EXPENDITURE-ONLY PAG\*\* \*\* May not make direct contributions or coordinated expenditures. 5. POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. A. THIS COMMITTEE WILL PRIMAR BY OPERATE IN THE FOLLOWING COUNTY(IES) OR DISTRICT(S): (not applicable if operating statewide or supporting/opposing statewide candidates or ballot in liatives) MADISON B. POLITICAL PARTY AFFILIATION: INDEPENDENT C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: PURPOSE OF THE POLITICAL COMMITTEE. 6. To support the candidacy of Greg Roosevelt for District 7 Board of Education. 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 Greg Roosevelt Board of Education Independent PO Box 602 District 7

Edwardsville, IL 62025-0602

COMMITTEE NAME: Citizens for Greg Roosevelt					ITTEE IDENTIFICATION No.: 249.51	
8.	8. REQUIRED COMMITTEE OFFICERS.					
POSITION NAME		NAME	MAILING ADDRE	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
CHAIRMAN Calvin Brown				PO Box 602, Edwardsville, IL 62025-0602 618-334-8887   cpasusanyoung@gmail.com		
TREASURER Susan Young, CPA		Susan Young, CPA	7 Glen-Ed Prof Park.	Glen Carbon, IL 62034 61	8-334-8887 opasusanyoung@gmail.com	
9. POSITION NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.						
90	OS TION	NAME	MAILING ADDRE	SS, DAYTIME PHONE	NUMBER, AND E-MAIL ADDRESS	
Treasurer Susan M. Young CPA			7 Glen-Ed Prof Park, Glen Carbon IL 62034 618-334-8887 ctas		8-334-8887 ctasusanyoung@gmail.com	
10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS.  (IF AMENDING, L ST ALL AS OF TODAY'S DATE.)						
NAME			MAILING ADDRESS AND PHONE NUV		ONE NUMBER	
First Cloverleaf Bank			6814 Goshen Road, Edwardsville, iL 62025			
			<b>6</b> 18-656-6122			
TRANSFER TO ANOTHER POLITICAL COMMITTEE:  TRANSFER TO A CHARITABLE ORGANIZATION:  EGHM Foundation  F MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS.  VERIFICATION- BALLOT INITIATIVE COMMITTEES ONLY						
IDEDICATE THAT THIS BALLOT INTITATIVE COMMITTEE IS FORMED HOW THE PURFICSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WAY ACCEPT UNL MITTO CONTRIBUTIONS FROM SOURCE PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE SOFT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATED ROW OF A COMMITTEE OF CANDIDATED FOR ROWINGHOUS FROM THE COMMITTEE COMMITTEE OF CANDIDATED FOR ROWINGHOUS FROM THE COMMITTEE OF CANDIDATED BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE, (10 ILOSS).						
					01/12/13	
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON					DATE	
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY  LOCGIARY THAT (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXQUISIVE PURHOSE OF MAKING INDEPENDENT EXPENDITURES. (10) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE MY 1 BE USED FOR THE FURHESS DESCRIBED IN THE STATEMENT OF ORGANIZATION, (10) THE COMMITTEE MAY ACCE PT INLUMITED CUMINIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE COLS NOT MAKE CONTRIBUTIONS TO ANY CANCIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE DESCRIPTIONS AND COMMITTEE, POLITICAL PARTY COMMITTEE IN VIOLATION OF THIS ARTICLE.						
PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON					DATE	
VERIFICATION: ALL POLITICAL COMMITTEES						
FDECLARS THAT THIS STATEMENT OF ORDANIZATION MINCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED B AND BELIES, SIA TRUC, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THEIR FOTION CODE, LUNCE INCOMPLETE STATEMENT IS: SUBJECT TO A CIVIL PENALTY OF AT LEAST STOCK AND UP TO \$4000					TIME AND, TO THE BEST OF MY KNOWLEDGE RSTAND THAT WILLFULLY FILING A FALSE OR	
Susan In Lacure CPA Chian Mefring C					PA 1-19-13	
PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE  THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY FYOU OF OUTLINED UNDER PUBLIC ACT 78-1163, WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION STATES. WILLFUL FAILURE TO FILE OF UP TO \$5000, THIS FORM IS IN COMPLIANCE WITH THE FORMS MADE.					ION REQLIRED BY THIS ARTICLE SHALL	
ALL POLITICAL COMMITTEES RETURN TO:					DE TI FOTIONS	
STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, I'L 62704-4503 fax: 217-557-5630				STATE BOARD ( JAMES R. THOM 100 W RANDOLPH CHICAGO, IL. [ax: 312-8]	FSON CENTER HST STE 14-100 60801-3232	
e-mail: D1@ELECTIONS II .GOV(D-1s ONLY)  e-mail: D1@ELECTION						