

FORM

STATEMENT OF ORGANIZATION BOARD OF ELECTIONS

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

13 MAY 28 AM 8: 24

Full name and complete mailing address of Political Committee:

Kendall County Republican Central Committee P.O. Box 444

Yorkville, IL 60560

E-MA	IL ADDRESS: secretary@kendallgop.com	identification No.				
	SEE PAMPHLET "A GUIDE	TO CAM	PAIGN	DISCLOSURE" FOR	GUIDANCE.	
1.	DATE COMMITTEE CREATED: 9/18/	77	2.	AMOUNT OF FUNDS / CREATION DATE :\$_	AVAILABLE AS OF	
3.	■ NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CF!EATED 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 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.	OLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. 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 SPONSOF	RING ENTITY	:	<u> </u>		
6.	PURPOSE OF THE POLITICAL COMMITT	ree.				
7.	CANDIDATE(S) THE COMMITTEE IS SUP	PORTING	R OPPO	SI NG . (IF AMENDING, LI	ST ALL AS OF TODAY'S DATE.)	
	NAME AND ADDRESS	SUPPORT	OPPOSI	OFFICE	PARTY AFFILIATION	

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

	/MILIEEN	AME:		POLITICAL COMMITTEE IDENTIFICATION No.:	
8.	REQUIR	ED COMMITTEE OFFICERS.			
POSITION NAME		MAILING ADDRES	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRES		
CHAIRMAN		Scott Gryder	4630 McLaren Dr, Os (630) 699-8814, kend		
TF	EASURER				
9.	POSITIO	N, NAME & MAILING ADDRESS (OF EACH CUSTODIAN (OF THE COMMITTEE'S BOOKS AND ACCOUNTS	
PC	DSITION	NAME	MAILING ADDRES	SS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRES	
10.		FALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S DA		ORIES OF THE COMMIT EE FUNDS.	
	1 (0 7 11412)	NAME		NG ADDRESS AND PHONE NUMBER	
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PRIN	TED <u>AND</u> \	WRITTEN SIGNATURE OF COMM	ITTEE CHAIRPERSON	DATE	
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