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FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

13 NOV 20 AM 8:09

Full name and complete mailing address of Political Committee:

Citizens for Heidi Holan
P.O. Box 88324
Carol Stream IL 60188-0324

E-MAIL ADDRESS info@voteheidiholan.com

POLITICAL COMMITTEE IDENTIFICATION No.

CHECK HERE IF ADDRESS CHANGE

25658-4

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

Table with 2 columns: 1. DATE COMMITTEE CREATED: 11.12.13, 2. AMOUNT OF FUNDS AVAILAILE AS OF CREATION DATE :\$4151.40

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 COMMITTEES CHOOSE ONLY ONE:
CANDIDATE POLITICAL COMMITTEE*
POLITICAL ACTION COMMITTEE
POLITICAL PARTY COMMITTEE
BALLOT INITIATIVE COMMITTEE
INDEPENDENT-EXPENDITURE-ONLY PAC**

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)
DuPage
B. POLITICAL PARTY AFFILIATION Republican
C. NAME AND ADDRESS OF EACH SPONSORING ENTITY

6. PURPOSE OF THE POLITICAL COMMITTEE.
elect Heidi Holan to the state legislature

7. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING LIST ALL AS OF TODAY'S DATE)

Table with 5 columns: NAME AND ADDRESS, SUPPORT, OPPOSE, OFFICE, PARTY AFFILIATION. Row 1: Heidi Holan, P.O. Box 88324, Carol Stream IL 60188-0324, [checked], [unchecked], state rep 46th district, Republican

IF MORE SPACE FOR INFORMATION IS REQUIRED PLEASE ATTACH ADDITIONAL SHEETS

COMMITTEE NAME Citizens for Heidi Holan	POLITICAL COMMITTEE IDENTIFICATION No. 25658
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8. REQUIRED COMMITTEE OFFICERS.

POSITION	NAME	MAILING ADDRESS DAYTIME PHONE NUMBER AND E-MAIL ADDRESS
CHAIRMAN	Heidi Holan	1N262 Main Street, Glen Ellyn IL 60137 630 474 4989 info@voteheidholan.com
TREASURER	Deb Schloemer	257 El Paso Lane Carol Stream IL 60198

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
	Deb Schloemer	same as above

**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
Providence Bank	1051 E. Roosevelt Wheaton IL 60187 630 871 0500

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 Illinois Liberty PAC
 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 5/9)

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON	DATE
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VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY

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

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON	DATE
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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 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.

<i>Heidi Holan Heidi Holan</i>	<i>11-13-13</i>
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 3329 S. MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax 217-557-5630 e-mail info@stateboardofelections.org (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 info@stateboardofelections.org (D-1s ONLY)
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