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FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICIAL USE ONLY ELECTIONS

14 FEB -3 PM 12:42

Full name and complete mailing address of Political Committee:
McLean County Sales Tax Referendum
22675 PJ Keller HWY
Lexington, IL 61753

E-MAIL ADDRESS: rjacobs@hbtbank.com

CHECK HERE IF ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION No.

25770-14

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

1. DATE COMMITTEE CREATED: 01/23/14
2. AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE: \$5,300
3. NEW COMMITTEE (checked)
4. POLITICAL COMMITTEE'S DESIGNATION: ALL COMMITTEES CHOOSE ONLY ONE:
5. POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION.
6. PURPOSE OF THE POLITICAL COMMITTEE.
7. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING.

Table with 5 columns: NAME AND ADDRESS, SUPPORT, OPPOSE, OFFICE, PARTY AFFILIATION. Row 1: None, [checkbox], [checkbox], [checkbox], [checkbox]

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

COMMITTEE NAME: McLean County Sales Tax Referendum	POLITICAL COMMITTEE IDENTIFICATION No.: <b>25770</b>
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**8. REQUIRED COMMITTEE OFFICERS.**

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Lisa Myszka	7095 Shaffer Dr., Downs, IL 61738 (309) 275-2196 lisamyszka@yahoo.com
TREASURER	Randy Jacobs	22675 PJ Keller Hwy, Lexington, IL 61753 (309) 824-8006 rjacobs@hfbk.com

**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
Treasurer	Randy Jacobs	22675 PJ Keller Hwy, Lexington, IL 61753 (309) 824-8006 rjacobs@hfbk.com

**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
Heartland Bank & Trust Co.	401 W. Main St., Lexington, IL (309) 365-3322

**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 CHARITABLE ORGANIZATION: Princeton Elementary School

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 DEBAR THIS COMMITTEE IN VIOLATION OF THIS ARTICLE. 10 ILCS 5/11.

Lisa Myszka Randy Jacobs January 31, 2014  
 PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE

**VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY**

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

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON DATE

**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.

Randy D. Jacobs Randy D. Jacobs January 31, 2014  
 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  
 2329 S MACARTHUR BLVD  
 SPRINGFIELD, IL 62704-4503  
 fax: 217-557-5630  
 e-mail: [PI@ELECTIONS.IL.GOV](mailto:PI@ELECTIONS.IL.GOV) (D-1s ONLY)

STATE BOARD OF ELECTIONS  
 JAMES R. THOMPSON CENTER  
 100 W RANDOLPH ST., 31E 14-100  
 CHICAGO, IL 60607-3232  
 fax: 312-814-6415  
 e-mail: [PI@ELECTIONS.IL.GOV](mailto:PI@ELECTIONS.IL.GOV) (D-1s ONLY)