

FORM
D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS

Full name and complete mailing address of Political Committee

County Clerk & Records Special Action Fund
Margie M. Mullins, Treasurer
404 Elm St. 1st floor
Rockford IL 61101

14 FEB 27 AM 11:56
THIS FORM MAY BE
TRANSMITTED BY FAX.
THE ORIGINAL MUST BE
FORWARDED ON THE DAY
OF FAX TRANSMITTAL.

FOR OFFICE USE ONLY

IDENTIFICATION NO.

1358-10

CHECK IF ADDRESS CHANGE

SEE GUIDE TO CAMPAIGN DISCLOSURE FOR INSTRUCTIONS

1. DATE COMMITTEE CREATED

2. AMOUNT OF FUNDS AVAILABLE FOR
CAMPAIGN EXPENDITURES AS OF
THE DATE THE COMMITTEE WAS
CREATED \$ _____

3. NEW COMMITTEE

AMENDMENT

(MUST BE FILED WITHIN 10 DAYS OF
ANY CHANGES)

4. POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION

A - STATE POLITICAL COMMITTEE STATE & LOCAL POLITICAL
 LOCAL POLITICAL COMMITTEE COMMITTEE

B - IF THIS IS A LOCAL OR A STATE AND LOCAL POLITICAL COMMITTEE, PLEASE
LIST THE COUNTY OR COUNTIES IN WHICH IT WILL OPERATE:

C - THIS COMMITTEE WILL PRIMARILY SUPPORT OPPOSE CANDIDATES FOR
LOCAL OR STATE OFFICE

D - THIS COMMITTEE WILL SUPPORT OPPOSE QUESTIONS OF PUBLIC POLICY

E - POLITICAL PARTY AFFILIATION _____

F - COUNTY OF RESIDENCE OF CANDIDATE _____

5. PURPOSE(S) OF THE POLITICAL COMMITTEE

6. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING *

NAME AND STREET ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY AFFILIATION

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

(THIS FORM MAY BE REPRODUCED)

NAME OF POLITICAL COMMITTEE	IDENTIFICATION NUMBER
County Clerk's & Recorders Special Action Fund	1358 10

7. REQUIRED COMMITTEE OFFICERS *

POSITION	NAME	STREET ADDRESS & PHONE NUMBER
CHAIRMAN	Honorable Georgia England	10 S. Main Street, Suite 6 Sullivan, IL 61951 (217-728-4389)
TREASURER	Honorable Margie M. Mullins	404 Elm St. 1st floor Rockford IL 61101 mmullins@wincoil.us

8. POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS *

POSITION	NAME	STREET ADDRESS
Treasurer	Honorable Margie M. Mullins	404 Elm St. 1st floor Rockford IL 61101 (815) 319-4271 mmullins@wincoil.us

9. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS *

NAME	ADDRESS
Alpine Bank	1700 N. Alpine Rd Rockford IL 61107 (815) 398-6500

10. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION

- RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTION
- TRANSFER TO ANOTHER POLITICAL COMMITTEE _____
- TRANSFER TO A CHARITABLE ORGANIZATION _____

VERIFICATION

I DECLARE THAT THIS STATEMENT OF ORGANIZATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT THE PENALTY FOR WILLFULLY FILING A FALSE STATEMENT SHALL BE A FINE NOT TO EXCEED \$500 OR IMPRISONMENT IN A PENAL INSTITUTION OTHER THAN THE PENITENTIARY NOT TO EXCEED 6 MONTHS, OR BOTH FINE AND IMPRISONMENT.

Margie M. Mullins Margie M. Mullins February 25, 2014
SIGNATURE OF TREASURER OR CANDIDATE DATE

THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UPTO \$1,000.00. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEE
RETURN TO:
STATE BOARD OF ELECTIONS
1020 SOUTH SPRING STREET
P.O. BOX 4187
SPRINGFIELD, IL 62708

LOCAL POLITICAL COMMITTEES AND
STATE AND LOCAL POLITICAL COMMITTEES
RETURN ORIGINAL TO:
STATE BOARD OF ELECTIONS
AND COPY TO:
APPROPRIATE COUNTY CLERK