

STATE BOARD OF ELECTIONS

FOR OFFICE USE ONLY

2016 FEB 11 AM 8:14



FORM D-1 STATEMENT OF ORGANIZATION PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Political Committee:

Marion County Republican Central Committee
807 S. Cherry St
Centralia, IL 62801

E-MAIL ADDRESS:

tammyguidish@gmail.com CHECK HERE IF ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION No.

280 10

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

Form with numbered sections 1-7 containing fields for date created, amount of funds, committee type, area of activity, and purpose.

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

COMMITTEE NAME: <i>Marion County Republican Central Committee</i>	POLITICAL COMMITTEE IDENTIFICATION No.: <i>280 10</i>
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8. REQUIRED COMMITTEE OFFICERS.

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN		
TREASURER	<i>Tammy Guidish</i>	<i>807 S. Cherry St. Centralia, IL 62801 (618) 339-5739 tammyguidish@gmail.com</i>

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	<i>Tammy Guidish</i>	<i>807 S. Cherry, Centralia, IL 62801 (618) 339-5739</i>

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

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: _____

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 (1) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (2) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (3) 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 (4) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.

<i>Benjamin Z. Stetemeny MARCC</i>	<i>2-10-16</i>
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.

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE	DATE
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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: D1@ELECTIONS.IL.GOV (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: D1@ELECTIONS.IL.GOV (D-1s ONLY)