

FORM

## STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY TUPES

13 FEB 19 PM 2: 24

Full name and complete mailing address of Political Committee:

6182774886

Citizens for Common Sense 2030 State Street Road Belleville, IL 62220-2862

> POLITICAL COMMITTEE IDENTIFICATION No.

E-MAIL ADDRESS; sturgis4csp@gmail.com

CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.							
1.	DATE COMMITTEE CREATED: 02/16	3/2013	2.	AMOUNT OF FUNDS AVAILA CREATION DATE :\$3,000	BLE AS OF		
3.	NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION.)  MENDMENT (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.	POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION.  A 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: Non-partisan  C. NAME AND ADDRESS OF EACH SPONSORING ENTITY:						
6.	PURPOSE OF THE POLITICAL COMMITTEE.  To support candidates who share the ideology of our organization.						
7.	CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)						
	NAME AND ADDRESS	SUPPORT	OPPOS	OFFICE	PARTY AFFILIATION		
Tonolhy L. Bucheron Mark W. Burk				\$1, Cist Township Supervisor St. Clair Township Highway Comaticalogue	Opmmon Sense Party Dammon Sense Party		

CON	MITTEE N	AME: To be determined by the politica	l committee	POLITICAL COMMITTEE IDENTIFICATION No.:				
8.	REQUIRED COMMITTEE OFFICERS.							
POSITION NAME		NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIRMAN		Timothy L. Buchanan	435 Goldenrod Lane Swansea, IL 62226 618-235-4394 buchs	manforsupervisor@gmail.com				
TREASURER Keith A. Sturgis		Keith A. Sturgis	2030 State Street Ros	2030 State Street Road, Belleville, IL 62220 618-235-3773 sturgis4csp@gmail.com				
9.	9. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.							
POSITION		NAME	MAILING ADDRES	SS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS				
Treasurer		Keith A. Sturgts	2030 State Street Roa	ad, Belleville, IL 62220 618-235-3773 sturgis4csp@gmail.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					
Regions Bank			North Belt West 1300North Belt West Swansea, IL 62228 618-257-3501					
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								
EXPENDIT DESIGNATION THE WILL BE USED FOR THE PURPOSE DESIGNATOR THIS STATEMENT OF GRANIZATION, THE COMMITTEE MAY ACCEPT DURINGTED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALL OF COMMITTEE DOES NOT MANE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OF CANDIDATE OF AN INDIVIDUAL PROVIDED THAT AND PROVIDED THE PURPOSITION OF THIS ARTICLE, (10 (LCS 5/9))								
PRIN	ITED AND	WRITTEN SIGNATURE OF COMI	WITTEE CHAIRPERSON	DATE				
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY  LOCARE THAT (I) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (II) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (III) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE OF POLITICAL ACTION COMMITTEE, AND (M) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE.								
Timother L. Buchanza Juncting & Buchanan 02/19/2013								
PRIN	ITED AND	WRITTEN SIGNATURE OF COMI	MITTEÉ CHAIRPERSON	DATE				
VERIFICATION: ALL POLITICAL COMMITTEES  1 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 8 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A PALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND LIP TO \$5000.								
	Keith A	. Sturgis Keit	h A Sturgio	02/19/2013				
PRINTED AND WRITTEN SIGNATURE OF TRE			The second secon	المستحد				
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 76-1183. 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.								
	<del>0</del> -ma	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 fax: 217-557-5630 iil: D1@ELECTIONS.IL GOVID-1s ONLY)	OLITICAL COMMITTEES RETU	JRN TO:  STATE BOARD OF ELECTIONS  JAMES R. THOMPSON CENTER  100 W RANDOLPH ST, STE 14-100  CHICAGO, IL. 80601-3232  fax: 312-814-8485  e-mail: D1@ELECTIONS.IL.GOV(D-1s ONLY)				