



**FORM**

**D-4**

**COMPLAINT FOR VIOLATION OF  
THE CAMPAIGN DISCLOSURE ACT**

COMPLAINANT NAME, ADDRESS AND TELEPHONE NUMBER:

vs.

No. \_\_\_\_\_

NAME AND ADDRESS OF RESPONDENT:

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SECTION 1. HAS RESPONDENT FILED A STATEMENT OF ORGANIZATION AS A POLITICAL COMMITTEE WITH THE STATE BOARD OF ELECTIONS ?  Yes  No

SECTION 2. STATUTORY PROVISIONS: STATE THE PORTIONS OF THE CAMPAIGN DISCLOSURE ACT (ARTICLE 9, ELECTION CODE) THAT HAVE BEEN VIOLATED. (USE ADDITIONAL PLAIN SHEETS IF NECESSARY AND REFER TO THIS SECTION.)

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SECTION 3. STATE THE NATURE OF THE OFFENSE(s) OR VIOLATION(s), IF APPLICABLE. (USE ADDITIONAL PLAIN SHEETS IF NECESSARY AND REFER TO THIS SECTION.)

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SECTION 4. ATTACH ALL STATEMENTS, SCHEDULES, OR OTHER DOCUMENTS REFERRING TO THIS COMPLAINT.

**VERIFICATION**

I DECLARE THAT THIS COMPLAINT (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE AND CORRECT COMPLAINT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT THE PENALTY FOR WILLFULLY FILING A FALSE COMPLAINT 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.

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DATE

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SIGNATURE OF COMPLAINANT

(IF COMPLAINANT IS A CORPORATION THEN VERIFICATION MUST BE SIGNED BY AN AUTHORIZED OFFICER AND ATTESTED TO BY THE SECRETARY)

PROOF OF SERVICE

I, \_\_\_\_\_ HEREBY SWEAR OR AFFIRM THAT I SERVED A COPY OF THE FOREGOING COMPLAINT UPON THE FOLLOWING (LIST NAME AND ADDRESS IN THE SPACE BELOW):

a) BY PERSONALLY DELIVERING THE SAME ON THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ AT \_\_\_\_ O’CLOCK \_\_\_\_ M. (LIST NAME AND TITLE OF PERSON OR IF NAME IS UNKNOWN A PHYSICAL DESCRIPTION INCLUDING RACE, SEX, AND APPROXIMATE AGE IN THE SPACE BELOW).OR:

b) BY PLACING A COPY THEREOF IN THE UNITED STATES POSTAL SERVICES, PROPER POSTAGE PREPAID, TO THE ABOVE INDICATED ADDRESSES, ON THE \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_, AT THE MAIL BOX OR POSTAL STATION LOCATED AT: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT OR AGENT

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**INSTRUCTIONS**

1. THIS FORM IS USED TO FILE COMPLAINTS FOR VIOLATIONS ARISING OUT OF AN ACT TO REGULATE CAMPAIGN FINANCING (ILLINOIS COMPILED STATUTES, CHAPTER 10, ART. 9-1 ET SEQ.). SEE RULES AND REGULATIONS OF THE STATE BOARD OF ELECTIONS FOR THE FILING AND HEARING OF COMPLAINTS.
2. THE FILING AND HEARING OF COMPLAINTS ARE GOVERNED BY RULES AND REGULATIONS ADOPTED BY THE BOARD. IF A COMPLAINT IS FILED WITHIN 60 DAYS PRIOR TO THE DATE OF AN ELECTION IN REFERENCE TO WHICH THE COMPLAINT IS FILED, THE COMPLAINANT MUST SERVE A COPY OF THE COMPLAINT UPON ALL RESPONDENTS PRIOR TO THE TIME OF FILING. COPIES OF THE RULES AND REGULATIONS ARE AVAILABLE UPON REQUEST.
3. COMPLAINTS MUST BE FILED BY MAIL OR IN PERSON AT EITHER OF THE FOLLOWING LOCATIONS:

STATE BOARD OF ELECTIONS  
2329 S MACARTHUR BLVD  
SPRINGFIELD, ILLINOIS  
62704-4503

STATE BOARD OF ELECTIONS  
100 W RANDOLPH ST  
STE 14-100  
CHICAGO, IL 60601-3232