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FORM D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

10 MAY 28 AM 9:40

Full name and complete mailing address of Political Committee:

Supporters of College of DuPage
120 Tanglewood Drive
Glen Ellyn, IL 60137

THIS FORM MAY BE TRANSMITTED BY FAX. THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

POLITICAL COMMITTEE IDENTIFICATION NO.

E-MAIL ADDRESS: supportersofcd@hotmail.com

CHECK HERE IF ADDRESS CHANGE

L-15894-12

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

1. DATE COMMITTEE CREATED: June 28, 2010
2. AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE COMMITTEE WAS CREATED: \$ 0
3. NEW COMMITTEE
4. POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION:
5. PURPOSE(S) OF THE POLITICAL COMMITTEE: To raise funds in support of a capital referendum for College of DuPage.
6. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING: N/A

Table with 5 columns: NAME AND ADDRESS, SUPPORT, OPPOSE, OFFICE, PARTY AFFILIATION. Row 1 contains N/A.

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

NAME OF POLITICAL COMMITTEE <i>Supporters of College of DuPage</i>	POLITICAL COMMITTEE IDENTIFICATION NUMBER: <i>L-15894</i>
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7. REQUIRED COMMITTEE OFFICERS.* (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
CHAIRMAN	Jim Bente'	3481 Butler Walk, Naperville, IL 60564 217-726-7714 Bente1955@hotmail.com
TREASURER	Joseph Moore	120 Tanglewood Drive, Glen Ellyn, IL 60137 630-991-8557 joemoremo@hotmail.com

8. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS.* (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS
Deputy Treasurer	Mary Ann Millush	Mary Ann Millush, 1440 Aberdeen Ct., Naperville, IL 60564 630 661 7688 millush1980@hotmail.com

9. 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
There is not yet a financial institution for Supporters of COD. This will be amended later.	N/A

10. 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

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 A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$8000.

Joseph Moore *11/09/28/2010*

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 \$8000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEE RETURN TO:
STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, IL 62704-2924

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



FORM	REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (CHECK APPROPRIATE BOXES) (PLEASE TYPE OR PRINT IN BLACK INK)		FOR OFFICE USE ONLY
	D-2	<input type="checkbox"/> Pre-Election Report - Election Date: _____ <input checked="" type="checkbox"/> Semi-Annual Report _____ <input type="checkbox"/> Non-Participation - Election Date: _____ <input type="checkbox"/> Final Report _____ <input type="checkbox"/> Amendment of Report Indicated Above	STATE BOARD OF ELECTIONS 10 JUL 20 PM 3:18

Full name and complete mailing address of Political Committee: Supporters of College of DuPage 120 Tanglewood Dr Glen Ellyn, IL 60137-7833	POLITICAL COMMITTEE 12 L 15894
<input type="checkbox"/> CHECK IF ADDRESS CHANGE	
IDENTIFICATION NO.	

REPORTING PERIOD 1/1/10 6/30/10 FROM THRU	CASH AVAILABLE AT THE BEGINNING OF THE REPORTING PERIOD: \$ 0	STATE POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS PO BOX 4187 SPRINGFIELD, IL 62708-4187	LOCAL POLITICAL COMMITTEES AND STATE AND LOCAL POLITICAL COMMITTEES RETURN ORIGINAL TO: STATE BOARD OF ELECTIONS AND A COPY TO EACH APPROPRIATE COUNTY CLERK.
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SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

COMPLETE 1-7 FOR PRE-ELECTION REPORTS.

COMPLETE ALL SECTIONS FOR SEMI-ANNUAL AND FINAL REPORTS.

SECTION A - RECEIPTS

1. Individual Contributions:

a. Itemized (from Schedule A) \$ 0 (1a)

b. Not-Itemized \$ 0 (1b)

2. Transfers In:

a. Itemized (from Schedule A) \$ 0 (2a)

b. Not-Itemized \$ 0 (2b)

3. Loans Received:

a. Itemized (from Schedule A) \$ 0 (3a)

b. Not-Itemized \$ 0 (3b)

4. Other Receipts:

a. Itemized (from Schedule A) \$ 0 (4a)

b. Not-Itemized \$ 0 (4b)

TOTAL RECEIPTS (1-4) \$ 0

5. In-Kind Contributions:

a. Itemized (from Schedule f) \$ 0 (5a)

b. Not-Itemized \$ 0 (5b)

TOTAL IN-KIND \$ 0

SECTION B - EXPENDITURES

6. Transfers Out:

a. Itemized (from Schedule B) \$ 0 (6a)

b. Not-Itemized \$ 0 (6b)

7. Loans made:

a. Itemized (from Schedule B) \$ 0 (7a)

b. Not-Itemized \$ 0 (7b)

8. Expenditures:

Itemized (from Schedule B) \$ 0 (8a)

Not-Itemized \$ 0 (8b)

TOTAL EXPENDITURES (6-8) \$ 0

SECTION C - DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

9. a. Itemized (from Schedule C) \$ 0 (9a)

b. Not-Itemized \$ 0 (9b)

TOTAL DEBTS & OBLIGATIONS \$ 0

SECTION D - CASH BALANCE

Funds available at the beginning of the reporting period: \$ 0 (A)

Total Receipts (Section A) \$ 0 (B)

Subtotal \$ 0 (C)

Total Expenditures (Section B) \$ 0 (D)

Funds available at the close of the reporting period: \$ 0 (E)

INVESTMENT TOTAL \$ 0 (F)

VERIFICATION

I DECLARE THAT THIS REPORT OF CAMPAIGN CONTRIBUTIONS OR THIS SEMI-ANNUAL REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE REPORT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000.

SIGNATURE OF TREASURER OR CANDIDATE

DATE
 6/16/10
 (THIS FORM MAY BE REPRODUCED)