



FORM D-4	COMPLAINT FOR VIOLATION OF THE CAMPAIGN DISCLOSURE ACT
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Complainant Name, Address, Telephone Number, and E-Mail Address:

Robert E. Dorman
 2773 Deerfield Maryville IL 62026
 robertedorman@gmail.com 618-344-3375

vs. No. _____

Name and Address of Respondent (provide Telephone Number and/or E-Mail Address, if available):

Chris Slusser
 617 12th St., Wood River, IL 62095
 cjsslusser@yahoo.com 618-830-4980

Section 1. Has Respondent filed a Statement of Organization (Form D-1) as a Political Committee with The State Board of Elections? Yes No

Section 2. Statutory Provisions: State the portion(s) of The Campaign Disclosure Act (10 ILCS 5/9) that have been violated. (Use additional plain sheets if necessary and refer to this Section.)
 10 ILCS 5/9-10, 9-11, and 9-16 — Failure to accurately disclose transfers and true source of campaign funds.

Section 3. State the nature of the offense(s) or violation(s). (Use additional plain sheets if necessary and refer to this Section.)
 Patterned transfers from multiple similarly named PACs reported within a compressed period totaling approx. \$47,975. Contributor addresses could not be verified; multiple committees share identical mailing address.
 Raises question whether reports accurately identify the true source of funds. See Attachment.

Section 4. Attach all statements, schedules, or other documents relevant 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.

March 18, 2026

 DATE

 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, Robert E. Dorman Hereby swear or affirm that I served a copy of the foregoing complaint upon the following:

a) Name(s) and Address(es) of person(s) served:

Chris Slusser
617 12th St., Wood River, IL 62095

b) By personally delivering the same on the 18th day of March, 2026 at ___ o'clock PM 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

c) By placing a copy thereof in the United States Postal Service, proper postage prepaid, registered or certified, to the above indicated Address(es), 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 (IL 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. The Complainant must serve a copy of the complaint upon all Respondents prior to the time of filing with the Board, and the Proof of Service section above must be completed. Copies of the Rules and Regulations are available upon request.
3. Following the filing of a complaint, the State Board of Elections will send notice via certified mail to all parties, regarding the time and location of the closed preliminary hearing.
4. Complaints must be filed by mail or in person at either of the following locations:

State Board of Elections
2329 S MacArthur Blvd
Springfield, IL 62704-4503

State Board of Elections
69 W Washington St, Suite LL-08
Chicago, IL 60602-3026