

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION  
MAIL ROOM  
Oct 17 12 22 PM '96

|  |  |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><b>U. S. TAXPAYERS PARTY OF ILLINOIS</b> | 2. DATE<br><b>10/14/96</b>   |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><b>P.O. Box 547</b>                      | 3. FEC Identification Number<br><b>C00321372</b>   |
| (c) City, State and ZIP Code<br><b>SOUTH ELGEM, IL 60177</b>   | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**5. TYPE OF COMMITTEE (Check one)**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- |                   |                             |               |                |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a STATE committee of the U.S. TAXPAYERS Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
|   |                              |              |

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

|                      |  |                   |
|----------------------|--|-------------------|
| Full Name            | Mailing Address                                    | Title or Position |
| <b>KENT CARLISLE</b> | <b>2065 HALF DAY RD. C-142 DEERFIELD, IL 60015</b> | <b>TREASURER</b>  |

**8. Treasurers:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

|                      |  |                   |
|----------------------|--|-------------------|
| Full Name            | Mailing Address                                    | Title or Position |
| <b>KENT CARLISLE</b> | <b>2065 HALF DAY RD. C-142 DEERFIELD, IL 60015</b> | <b>TREASURER</b>  |

**9. Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

|                                |                              |                                  |
|--------------------------------|------------------------------|----------------------------------|
| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |                                  |
| <b>HARBEL BANK</b>             | <b>3250 KIRCHOFF ROAD</b>    | <b>ROLLING MEADOWS, IL 60008</b> |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|   |                            |                         |
|---|----------------------------|-------------------------|
| TYPE OR PRINT NAME OF TREASURER<br><b>KENT CARLISLE</b> | SIGNATURE OF TREASURER<br> | DATE<br><b>10/14/96</b> |
|---|----------------------------|-------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-219-3420

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE  
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The Commission has added this page to the end of this filing to indicate how it was received.

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*MM*  
PREPARER

10-17-96  
DATE PREPARED