INSTRUCTIONS FOR COMPLETION OF APPEAL AFFADAVIT FOR CIVIL PENALTY ASSESSMENTS

If your committee has been assessed a civil penalty for the delinquent filing of required campaign disclosure reports and you wish to file an appeal, please refer to the guidelines listed below for completion of the appeal affidavit & accompanying forms.

Appeal Affidavit

- 1. Print the name of the committee on the line that reads "Respondent" (the case number line should be left blank.)
- 2. Print the name of the person completing the form. The affidavit **MUST** be completed by either the **current** chair or treasurer of the committee.
- 3. Outline the reasons for the defense in the space indicated on the affidavit. Additional sheets of paper may be attached if more space is needed. Please be prepared to provide documentation to substantiate your defense.
- 4. The appeal affidavit **must be signed** *AND* **notarized**. Any affidavit received without a signature or without being notarized will be returned to the committee.

Waiver of Appearance/Request for Hearing

The committee must complete and submit **either** the Waiver of Appearance or Request for Hearing (<u>DO NOT</u> submit both forms). If you wish to appear in person & meet with a Hearing Officer at either the Springfield or Chicago office, (whichever is most convenient for you) return the Request for Hearing form. If you wish your written explanation and/or copies of documentation to serve as your defense, return the Waiver of Appearance. If you chose to waive your appearance, please include a telephone number or contact information so that the Hearing Officer may contact you with any questions they might have.

Where should I send the forms?

The Appeal Affidavit and Waiver of Appearance/Request for Hearing form should be mailed to: State Board of Elections, Attn: Campaign Disclosure, 2329 S. MacArthur Blvd., Springfield IL 62704. The forms can also be delivered in person to either the Springfield or Chicago office. **The appeal affidavit MUST be postmarked within 30 days of the date of the assessment letter for it to be considered.** If you have any questions regarding the appeal process, please contact the Campaign Disclosure Division at 217-782-1543.

State of Illinois		
County of)		
	ATE BOARD OF ELECTIONS STATE OF ILLINOIS	
IN THE MATTER OF;)	
ILLINOIS STATE BOARD OF ELECTION	NS,)	
Complainant)	
Vs.) Case No	
Respondent(s).))	
APP	EAL AFFIDAVIT	
	ne	of the
(Name)	(Chair/Treasurer)	or the
Committee, first being duly sworn deposes	and states that he/she represents that the saissessment of a civil penalty in this matter, a	
Signed and Sworn to by:		
me this Day of, 20	(Signature of Chair/Treasurer)	
Notary Public		

State of Illinois)	
County of)	
	BOARD OF ELECTIONS ΓΕ OF ILLINOIS
IN THE MATTER OF;)
ILLINOIS STATE BOARD OF ELECTIONS,)
Complainant)
Vs.) Case No)
Respondent(s).))
REQUEST F	FOR HEARING
I,, the	
(Name)	(Chair/Treasurer)
(Name of	Committee)
Committee, appeals on behalf of the said commi	ttee the assessment of civil penalty proposed in this
matter and submits in support of that appeal the ac	ccompanying affidavit. The said committee requests
a public hearing at which it will appear to offer	reasons and defenses why the proposed assessmen
should not be imposed.	
	(Signature of Chair/Treasurer)

State of Illinois)	
County of)	
	CATE BOARD OF ELECTIONS STATE OF ILLINOIS
IN THE MATTER OF; ILLINOIS STATE BOARD OF ELECTIONS Complainant))),))
Vs. Respondent(s).) Case No)
WAIVE	CR OF APPEARANCE
I,(Name)	, the of the (Chair/Treasurer)
(Na	me of Committee)
Committee, appeals on behalf of the said comm	mittee the assessment of civil penalty proposed in this matter
and submits in support of that appeal the acc	companying affidavit. The said committee waives personal
appearance before the State Board of Election	ns for hearing on this appeal and agrees that the State Board
of Elections may enter its order with respec	ct to this appeal in the absence of a representative of the
committee.	
_	(Signature of Chair/Treasurer)