

## INSTRUCTIONS FOR COMPLETION OF APPEAL AFFIDAVIT 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** chairman 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 (*DO NOT 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 \_\_\_\_\_ )

BEFORE THE STATE BOARD OF ELECTIONS  
OF THE STATE OF ILLINOIS

IN THE MATTER OF; )  
 )  
ILLINOIS STATE BOARD OF ELECTIONS, )  
 )  
Complainant )  
 )  
Vs. ) Case No. \_\_\_\_\_ )  
 )  
\_\_\_\_\_) )  
Respondent(s). )

APPEAL AFFIDAVIT

I, \_\_\_\_\_, the \_\_\_\_\_ of the  
(Name) (Chairman/Treasurer)

\_\_\_\_\_  
(Name of the Committee)

Committee, first being duly sworn deposes and states that he/she represents that the said committee can offer a good reason or defense to the assessment of a civil penalty in this matter, and that such reasons and defenses are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed and Sworn to by:

\_\_\_\_\_  
before me this \_\_\_\_\_ Day of  
\_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature of Chairman/Treasurer)

\_\_\_\_\_  
Notary Public

State of Illinois )  
 )  
County of \_\_\_\_\_ )

BEFORE THE STATE BOARD OF ELECTIONS  
OF THE STATE OF ILLINOIS

IN THE MATTER OF; )  
 )  
ILLINOIS STATE BOARD OF ELECTIONS, )  
 )  
Complainant )  
 )  
Vs. ) Case No. \_\_\_\_\_ )  
 )  
\_\_\_\_\_)  
 )  
Respondent(s). )

REQUEST FOR HEARING

I, \_\_\_\_\_, the \_\_\_\_\_  
(Name) (Chairman/Treasurer)  
\_\_\_\_\_  
(Name of Committee)

Committee, appeals on behalf of the said committee the assessment of civil penalty proposed in this matter and submits in support of that appeal the accompanying affidavit. The said committee requests a public hearing at which it will appear to offer reasons and defenses why the proposed assessment should not be imposed.

\_\_\_\_\_  
(Signature of Chairman/Treasurer)

State of Illinois )  
 )  
County of \_\_\_\_\_ )

BEFORE THE STATE BOARD OF ELECTIONS  
OF THE STATE OF ILLINOIS

IN THE MATTER OF; )  
 )  
ILLINOIS STATE BOARD OF ELECTIONS, )  
Complainant )  
 )  
Vs. ) Case No. \_\_\_\_\_ )  
 )  
\_\_\_\_\_ )  
Respondent(s). )

WAIVER OF APPEARANCE

I, \_\_\_\_\_, the \_\_\_\_\_ of the  
(Name) (Chairman/Treasurer)  
\_\_\_\_\_  
(Name of Committee)

Committee, appeals on behalf of the said committee the assessment of civil penalty proposed in this matter and submits in support of that appeal the accompanying affidavit. The said committee waives personal appearance before the State Board of Elections for hearing on this appeal and agrees that the State Board of Elections may enter its order with respect to this appeal in the absence of a representative of the committee.

\_\_\_\_\_  
(Signature of Chairman/Treasurer)