SCHEDULE A-1

REPORT OF CAMPAIGN CONTRIBUTIONS OF $1000 OR MORE

11

FOR OFFICE USE ONLY

CHICAGO
MAR 21 AM 8 01
STATE BOARD OF ELECTIONS

Full name and complete mailing address of Political Committee:

CITIZENS FOR FISCAL RESPONSIBILITY
2710 BAYVIEW LN
McHENRY IL 60051

☐ CHECK IF AN ADDRESS CHANGE

POLITICAL COMMITTEE IDENTIFICATION No.

23273

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

This form must be filed within 5 business days after receipt of any contribution of $1000 or more, or within 2 business days if that receipt was within 30 days or less before the date of an election and the political committee supports or opposes a candidate or public question on the ballot at that election or makes expenditures in excess of $500 on behalf of or in opposition to a candidate(s), or a public question(s), on the ballot at that election by either:

1. **HAND DELIVERY** - to a State Board of Elections office (see bottom of form for addresses),
2. **FACSIMILE** - to (217)-557-5630 or (312)-814-6485. Please retain a confirmation transmission for your records,
3. **ELECTRONIC TRANSMISSION** - If this political committee is required to file its reports electronically, the Schedule A-1 must also be filed electronically.

Postal service or other mail services may be used. **CAUTION**; such services do not guarantee that the A-1 form will be received by our office prior to the deadline. **A POSTMARK IS NOT USED TO DETERMINE WHETHER AN A-1 FORM HAS BEEN TIMELY FILED.**

THESE CONTRIBUTIONS MUST ALSO BE REPORTED ON THE NEXT REGULARLY SCHEDULED FORM D-2 QUARTERLY REPORT, SCHEDULE A OR SCHEDULE I.

RECEIVED FROM: FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE	AMOUNT
KATHLEEN JOHNSON 2713 ROSE AVE McHENRY IL 60050	3-18-11	$ 500.00
		$
		$
		$
		$

SIGNATURE OF TREASURER OR CANDIDATE — DATE

Name and address of person submitting this report if other than the committee's chairman or treasurer:

THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1100. DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO $3,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS
PO BOX 4187
1020 S SPRING ST
SPRINGFIELD, IL 62708-4187

OR

STATE BOARD OF ELECTIONS
JAMES R. THOMPSON CENTER
100 W RANDOLPH ST, STE 14-100
CHICAGO, IL 60601-3232