SCHEDULE A-1

REPORT OF CAMPAIGN CONTRIBUTIONS OF \$1000 OR MORE

11 JUL 19 AMII: 24

STATE BUARD OF FURCTIONS

Full name and complete mailing address of Political Committee:

Committee to Re-Elect Roy Mosley

POLITICAL COMMITTEE
IDENTIFICATION No.

CHECK IF AN ADDRESS CHANGE

23324-11

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),
- 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. <u>CAUTION</u>; such services do not guarantee that the A-1 form will be received by our office prior to the deadline. <u>A POSTMARK IS NOT USED TO DETERMINE WHETHER AN A-1 FORM HAS BEEN TIMELY FILED.</u>

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 |
|--|-------------|-----------|
| HINShaw to Culbertson LLP 22 N. LASAILE St. (colo)-1081 | July 19,204 | \$ 1,000- |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$. |

SIGNATURE OF TREASURER OR CANDIDATE

7/19/2011

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 1/6-1185; DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO \$5,000. THIS FORM IS NO COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT

ALL POLITICAL COMMITTEES RETURN TO:

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

OR

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

THIS FORM MAY BE REPRODUCED

PAGE 1 OF 2

REVISED 1/1/11