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**FORM**  
**D-2**

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES  
(CHECK APPROPRIATE BOXES) (PLEASE TYPE OR PRINT IN BLACK INK)

Quarterly Report:  
(check one)  1<sup>st</sup>,  2<sup>nd</sup>,  3<sup>rd</sup>,  4<sup>th</sup>

Final Report

Amendment of the Report Indicated Above

FOR OFFICE USE ONLY

DATE RECORDED BY ELECTIONS

12 JUL 16 AM 11:56

Full name and complete mailing address of Political Committee:

Citizens to Re-Elect Dana Rhoades Piatt County State's Attorney  
304 Weldon Springs Road  
Monticello, IL 61856

CHECK IF ADDRESS CHANGE

POLITICAL COMMITTEE

24182-11

24182

IDENTIFICATION No.

e-mail address:

REPORTING PERIOD

4/1/2012 8/30/2012

FROM THRU

CASH AVAILABLE AT THE BEGINNING OF THE REPORTING PERIOD: \$15.50

Repeat this amount in SECTION D line (A).

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS  
1218 R. L. BOGGS GAIUC-  
ROOM F BNDK+K 516/ 3.34/ 2

OR

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

COMPLETE ALL SECTIONS FOR QUARTERLY AND FINAL REPORTS.

SECTION A - RECEIPTS

1. Individual Contributions

a. Itemized (from Schedule A): \$ 0.00 (1a)

b. Not-Itemized: \$ 0.00 (1b)

2. Transfers In

a. Itemized (from Schedule A): \$ 0.00 (2a)

b. Not-Itemized: \$ 0.00 (2b)

3. Loans Received

a. Itemized (from Schedule A): \$ 0.00 (3a)

b. Not-Itemized: \$ 0.00 (3b)

4. Other Receipts

a. Itemized (from Schedule A): \$ 0.00 (4a)

b. Not-Itemized: \$ 0.00 (4b)

TOTAL RECEIPTS (1a thru 4b) \$ 0.00

SECTION B - EXPENDITURES

6. Transfers Out

a. Itemized (from Schedule B): \$ 0.00 (6a)

b. Not-Itemized: \$ 0.00 (6b)

7. Loans made

a. Itemized (from Schedule B): \$ 0.00 (7a)

b. Not-Itemized: \$ 0.00 (7b)

8. Expenditures

a. Itemized (from Schedule B): \$ 0.00 (8a)

b. Not-Itemized: \$ 0.00 (8b)

9. Independent Expenditures

a. Itemized (from Schedule B-9): \$ 0.00 (9a)

b. Not-Itemized: \$ 0.00 (9b)

TOTAL EXPENDITURES (6a thru 9b) \$ 0.00

SECTION C - DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): \$ 0.00 (10a)

b. Not-Itemized: \$ 0.00 (10b)

TOTAL DEBTS & OBLIGATIONS: \$ 0.00

SECTION D - CASH BALANCE

Cash available at the beginning of the reporting period: \$ 15.50 (A)

Total Receipts from Section A: \$ 0.00 (B)

Total Cash (A) plus (B): \$ 0.00 (C)

Total Expenditures from Section B: \$ 0.00 (D)

Funds available at the close of the reporting period (C) minus (D): \$ 15.50 (E)

INVESTMENTS TOTAL: \$ 15.50 (F)

5. In-Kind Contributions

a. Itemized (from Schedule I): \$ 150.00 (5a)

b. Not-Itemized: \$ 0.00 (5b)

TOTAL IN-KIND (5a+5b) \$ 0.00

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VERIFICATION

I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

*Dana Rhoades*

July 6, 2012

SIGNATURE OF COMMITTEE'S TREASURER OR CANDIDATE ONLY

DATE

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

4/1/2012 FROM 6/30/2012 THRU

FOR OFFICE USE ONLY

**SCHEDULE I  
IN-KIND CONTRIBUTIONS**

POLITICAL COMMITTEE  
IDENTIFICATION No.  
24182

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

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
<b>CONTRIBUTOR</b> Dana Rhoades 304 Waldon Springs Road Monticello, Illinois	6/5/2012	\$150.00	\$150.00
<b>VENDOR PAID (if applicable)</b> Platt County Trailblazers		<b>EMPLOYER:</b> Platt County State's Attorney	<b>OCCUPATION</b> Lawyer
<b>VENDOR PAID (if applicable)</b> Platt County Trailblazers		<b>DESCRIPTION</b> Political Ad in Platt County Trailblazer Rodeo program	
<b>CONTRIBUTOR</b>		<b>EMPLOYER:</b>	<b>OCCUPATION</b>
<b>VENDOR PAID (if applicable)</b>		<b>DESCRIPTION</b>	
<b>CONTRIBUTOR</b>		<b>EMPLOYER:</b>	<b>OCCUPATION</b>
<b>VENDOR PAID (if applicable)</b>		<b>DESCRIPTION</b>	

TOTAL THIS PERIOD \$ 150.00  
 CHECK IF LAST PAGE OF THIS FORM