## **SCHEDULE A-1**

## REPORT OF CAMPAIGN CONTRIBUTIONS OF \$1000 OR MORE

Full name and complete mailing address of Political Committee:

CITIZENS TO ELECT LOWELL A. CUTSFORTH

505 HIGHVIEW DRIVE

FOX RIVER GROVE, IL 60021

CHECK IF AN ADDRESS CHANGE

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS

13 FEB 19 AM 11:25

POLITICAL COMMITTEE
IDENTIFICATION No.

TD 20868 10

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

Note: Schedule A-1 reporting requirements now apply throughout the calendar year.

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. <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>

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       |
|--|--------------|--------------|
| LOWELL A. CUTSFORTH<br>505 HIGHVIEW DRIVE, FOX RIVER GROVETI 62021 | FEB 15, 3013 | \$ 2000.00   |
|  |              | \$           |
|  |              | \$           |
|  |              | \$           |
|  |              | \$           |
| Lowell A Culsforth   |              | FEB 15, 2013 |
| SIGNATURE OF TREASURER OR CANOIDATE                                |              | / 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 REDUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1163, DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT

STATE BOARD OF ELECTIONS PO BOX 4187 1020 S SPRING ST SPRINGFIELD, IL 62708-4187 ALL POLITICAL COMMITTEES RETURN TO:

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