

SCHEDULE A-1

REPORT OF CAMPAIGN CONTRIBUTIONS OF \$1000 OR MORE

FOR OFFICE USE ONLY
STATE BOARD OF ELECTIONS

14 JAN 29 PM 3:23

Full name and complete mailing address of Political Committee:

FRIENDS OF SHARON
PO Box 342
MURPHYSBORO, IL 62966

POLITICAL COMMITTEE
IDENTIFICATION No.

2560310

CHECK IF AN ADDRESS CHANGE

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. **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
SHARON JOHNSON 2359 LOGAN ST MURPHYSBORO, IL 62966	01/09/2014	\$ 1000 ⁰⁰
		\$
		\$
		\$
		\$

SIGNATURE OF TREASURER OR CANDIDATE

DATE 1/29/14

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 78-1183. 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

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS
2329 S. MacArthur Blvd.
SPRINGFIELD, IL 62708-4187

OR

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