

# SCHEDULE A-1

## REPORT OF CAMPAIGN CONTRIBUTIONS OF MORE THAN \$500

FOR OFFICE USE ONLY
POLITICAL COMMITTEE IDENTIFICATION NO.

Full name and complete mailing address of Political Committee:

So. Central IL Laborers' Political League  
5100 Laborers' Way  
Suite A  
Marion, IL 62959

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

This form must be on file within **TWO** business days of receipt of a contribution in an aggregate of more than \$500 received: a) in the period from January 1<sup>st</sup> up through and including the day before a General Primary Election or b) in the 30 day period preceding any other election, (**up through and including the day before any 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 (217)-782-5959. Please retain a confirmation transmission for your records, or
3. **ELECTRONIC TRANSMISSION**

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.**

This form must be on file with the State Board of Elections within two business days of receipt of a contribution of more than \$500 or penalties will be levied for late filings. Report may be hand delivered or faxed to (217)-557-5630 or (217)-782-5959.

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

RECEIVED FROM: FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE	AMOUNT
Laborers' Local 773 5102 Laborers' Way Marion, IL 62959	02-02-2009	\$ 7,144.00
Laborers' Local 703 108 E. Anthony Dr. Urbana, IL 61802	02-02-2009	\$ 2,827.96
		\$
		\$
		\$

	02-03-2009
SIGNATURE OF TREASURER OR CANDIDATE	DATE

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 78-1189. 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 POLITICAL COMMITTEES RETURN TO:	STATE BOARD OF ELECTIONS	LOCAL POLITICAL COMMITTEES AND STATE
STATE BOARD OF ELECTIONS	JAMES R. THOMPSON CENTER	AND LOCAL POLITICAL COMMITTEES SHALL
1020 S SPRING ST	100 W RANDOLPH ST, STE 14-100	FILE WITH THE STATE BOARD OF ELECTIONS
PO BOX 4187	CHICAGO, IL 60601-3232	AND EACH APPROPRIATE COUNTY CLERK
SPRINGFIELD, IL 62708-4187		
(217) 557-5630 FAX, (217) 782-5959 FAX		