## SCHEDULE A-1

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

Full name and complete mailing address of Political Committee: WORTH TOWNSHIP DEMOCRATIC PARTY 10912 S. KILBOURN OAK LAWN, IL 60453

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23929-02

IDENTIFICATION No.

## 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:

- 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
MICHAEL T. EGAN JR. 120 N. LASALLE ST 30TH FLOOR, CHICAGO, IL 60602	11/1/13	\$ <sub>1.000.00</sub>
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SIGNATURE OF TREASURER OR CANDIDATE

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 DUTLINED UNDER PUBLIC ACT 78-1143, DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO \$2,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT

ALL POLITICAL COMMITTEES RETURN TO:

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

OR

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

DATE