

**SCHEDULE A-1****REPORT OF CAMPAIGN CONTRIBUTIONS OF \$1000 OR MORE**

FOR OFFICE USE ONLY

2013 MAY 21 PM 2:42

STATE BOARD OF ELECTIONS

POLITICAL COMMITTEE  
IDENTIFICATION No.

186/437

186-09

Full name and complete mailing address of Political Committee:

REGULAR REPUBLICAN VOTERS LEAGUE OF LEYDEN TOWNSHIP  
14 CONTI PARKWAY  
ELMWOOD PARK, IL 60707 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 1.**

| RECEIVED FROM:<br>FULL NAME, MAILING ADDRESS, AND ZIP CODE              | DATE       | AMOUNT       |
|---|------------|--------------|
| STEPHENS POLITICAL ACTION COMMITTEE<br>P.O. Box 533, Rosemont, IL 60018 | 05/24/2013 | \$ 10,000.00 |
|   |            | \$           |
|   |            | \$           |
|   |            | \$           |
|   |            | \$           |



SIGNATURE OF TREASURER OR CANDIDATE

5/24/13

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 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.

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

ALL POLITICAL COMMITTEES RETURN TO:

OR

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