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SCHEDULE A-1

REPORT OF CAMPAIGN CONTRIBUTIONS OF \$1000 OR MORE 18 DET 29 PF \$ 53 Full name and complete mailing address of Political Committee: **YES207** POLITICAL GOMMUNEES LECTIONS 7239 Arcadia Street Morton Grove, IL 60053 IDENTIFICATION NO. 34769 08 CHECK IF AN ADDRESS CHANGE SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. Note: Schedule A-1 reporting regulrements 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 expess 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), 1. FACSIMILE - to (217)-782-5959 or (312)-814-6485. Please retain a confirmation transmission for your 2. records. ELECTRONIC TRANSMISSION - If this political committee is required to file its reports electronically. 3. 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 DI2 QUARTERLY REPORT, SCHEDULE A OR SCHEDULE I. RECEIVED FROM: DATE **AMOUNT** FULL NAME, MAILING ADDRESS, AND ZIP CODE Wight & Company \$4,900 10/16/2018 2500 North Frontage Road Darlen, IL 60561 \$ \$ \$ \$ 10/16/2018 EASURER OR CANDIDATE Name and address of person submitting this report if other than the committee's chair or treasurer:

THE ALBORS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS RECESSARY IF YOU QUALBY AS A POLYTICAL COMMITTEE AS QUYLINGD UNDER STATE ACT 78-1183, ORCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP YO \$1000. THIS FORM IS IN COMPLIANCE WITH THE FORME MANAGEMENT PROGRAM ACT

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503

OR

STATE BOARD OF ELECTIONS
JAMES R. THOMPSON CENTER
100 W RANDOLPH ST, STE 14-100
CHICAGO, IL. 80601-4232

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