FORM	REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (CHECK APPROPRIATE BOXES) (PLEASE TYPE OR PRINT IN BLACK INK)	FOR OFFICE USE ONLY
D-2	☐ Quarterly Report: (check one) ☐ 1st, ☐ 2nd, ☑ 3rd, ☐ 4th ☐ Final Report ☐ Amendment of the Report Indicated Above	CHICAGO 11 OCT 17 PM 4: 14 STATE BOARD OF ELECTIONS

Full name and complete mailing address of Political Committee:

CITIZENS TO ELECT MARY T McCANN
18110 KISHWAUKEE VALLEY ROAD
WOODSTOCK, IL 60098-9028

☐ CHECK IF ADDRESS CHANGE

e-mail address:

POLITICAL COMMITTEE

19635 - 06
IDENTIFICATION No.

REPORTING PERIOD		CASH AVAILABLE AT THE BEGINNING OF THE REPORTING PERIOD: $ 154.70	ALL POLITICAL COMMITTEES RETURN TO:		
July1, 2011	Sept. 30 2011		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
FROM	THRU	**Repeat this amount in SECTION D line (A).**			

COMPLETE ALL SECTIONS FOR QUARTERLY AND FINAL REPORTS.

SECTION A – RECEIPTS

1. Individual Contributions

a. Itemized (from Schedule A): $ _____ (1a)

b. Not-Itemized:..... $ 860.00 (1b)

2. Transfers In

a. Itemized (from Schedule A): $ _____ (2a)

b. Not-Itemized:..... $ _____ (2b)

3. Loans Received

a. Itemized (from Schedule A): $ _____ (3a)

b. Not-Itemized:..... $ 67.45 (3b)

4. Other Receipts

a. Itemized (from Schedule A): $ _____ (4a)

b. Not-Itemized:..... $ _____ (4b)

TOTAL RECEIPTS (1a thru 4b) $ 927.45

****

5. In-Kind Contributions

a. Itemized (from Schedule I): $ 545.19 (5a)

b. Not-Itemized:..... $ 140.00 (5b)

TOTAL IN-KIND (5a+5b) $ 695.09

Name & address of person submitting this report if other than the committee's chairman or treasurer:

SECTION B – EXPENDITURES

6. Transfers Out

a. Itemized (from Schedule B): $ _____ (6a)

b. Not-Itemized:..... $ _____ (6b)

7. Loans made

a. Itemized (from Schedule B): $ _____ (7a)

b. Not-Itemized:..... $ _____ (7b)

8. Expenditures

a. Itemized (from Schedule B): $ _____ (8a)

b. Not-Itemized:..... $ 67.45 (8b)

9. Independent Expenditures

a. Itemized (from Schedule B-9): $ _____ (9a)

b. Not-Itemized:..... $ _____ (9b)

TOTAL EXPENDITURES (6a thru 9b) $ 67.45

SECTION C - DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): $ _____ (10a)

b. Not-Itemized:..... $ 67.45 (10b)

TOTAL DEBTS & OBLIGATIONS: $ 67.45

SECTION D - CASH BALANCE

Cash available at the beginning of the the reporting period: $ 154.70 (A)

Total Receipts from Section A: $ 927.45 (B)

Total Cash (A) plus (B): $ 1082.15 (C)

Total Expenditures from Section B: $ 67.45 (D)

Funds available at the close of the reporting period (C) minus (D): $ 1014.70 (E)

INVESTMENTS TOTAL: $ _____ (F)

VERIFICATION

[illegible] QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS [illegible] AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE [illegible] FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST $1001 AND UP TO [illegible]

Mary T McCann

October 12, 2011

SIGNATURE OF COMMITTEE'S TREASURER OR CANDIDATE ONLY — DATE

THIS FORM [illegible] NOTARIZED — PAGE [illegible]

NAME OF POLITICAL COMMITTEE: Citizens to Elect Mary T. McCraw

REPORTING PERIOD

FROM	THRU
July 1, 2011	Sept 30,2011

FOR OFFICE USE ONLY

POLITICAL COMMITTEE IDENTIFICATION No. 19635

SCHEDULE I

IN-KIND CONTRIBUTIONS

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

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR Kathleen Reiland, 2412 Lily Lake Road, McHenry, IL 60051	9/11/2011	$245.19	$245.19
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)	**DESCRIPTION** Stamped envelops, Stationery		
CONTRIBUTOR James and Sue Hong, 14510 Il Route 176, Woodstock, Il 60098		$300.00	$300.00
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)	**DESCRIPTION** Event Room, staff, food		
CONTRIBUTOR			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)	**DESCRIPTION**		
CONTRIBUTOR			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)	**DESCRIPTION**		

TOTAL THIS PERIOD $ 545.19

☑ **CHECK IF LAST PAGE OF THIS FORM**