## **4274 - DISCLOSURE STATEMENT**

## LOCAL NON-ELECTION ASSENT VOTING ADVERTISING SPONSOR A non-partisan Office of the Legislature



| PLEASE PRINT IN BLOCK LETTERS   | Amendment # |                    |             |         |                       |                              |             |  |
|---|-------------|--------------------|-------------|---------|-----------------------|------------------------------|-------------|--|
| FULL NAME OF SPONSOR  SOUTH LYMN LEAKLY  SPONSOR'S USE OF SPONSOR   |             |                    |             | G       |                       | TING DAY (Y)                 | YY/MM/DD)   |  |
| SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES  | LEGA        | NAME (IF DI        | FFERENT)    |         |                       | 041(3                        |             |  |
| MAILING ADDRESS 3765 Mark Law   | CITY        | rown<br>IL h. A    |             |         |                       | POSTAL C                     |             |  |
| 250 334 3875  |             | (IF AVAILABLE      | E)<br>Shah  |         |                       | V072                         | 200         |  |
| ROYSTON AVEA.   | <u> </u>    | MAKE               | JIWN        | 1.0     | <u> </u>              | <del> </del>                 |             |  |
| For organizations only:   |             |                    |             |         |                       |                              |             |  |
| NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION  | PHONE       | NO.                |             |         |                       |                              |             |  |
| MAILING ADDRESS   | CITY/T      | OWN                |             |         |                       | POSTAL CO                    | ODE         |  |
| EMAIL (IF AVAILABLE)  |             | <u> </u>           |             |         |                       |                              |             |  |
| NAME OF RESPONSIBLE PRINCIPAL OFFICIAL  | <del></del> |                    | -           |         |                       |                              |             |  |
| MAILING ADDRESS   | CITY/T      | OWN                |             |         |                       | POSTAL CO                    | DDE         |  |
| EMAIL (IF AVAILABLE)  |             |                    |             |         | <u>.</u>              |                              |             |  |
| All responsible principal officials must be listed. Attach additio  | onal she    | ets if nece        | essarv.     |         |                       | <del>-</del>                 |             |  |
| This disclosure report includes the following forms:  |             | FORMS<br>CHECKLIST |             |         |                       | <del></del>                  |             |  |
| Total Value of Advertising - Form 4   |             |                    |             | _/      |                       |                              |             |  |
| Advertising Sponsored in Combination – Form 4   |             |                    | OR          | the a   | Advertising           | sponsored<br>g proceedi      | during      |  |
| Summary of Sponsorship Contributions by Class – Form 4  |             |                    |             | had a   | a total value         | e of less that<br>ms require | an \$500:   |  |
| Significant Contributors (\$100 or more) – Form 4   |             |                    |             | 110 00  | adidoriai ioi         | ms require                   | a.          |  |
| Prohibited Sponsorship Contributions – Form 4   |             |                    |             |         |                       |                              |             |  |
| declare that to the best of my knowledge and belief, this disclosure required under the Local Elections Campaign Financing Act. |             |                    | ely and acc | urately | / discloses           | the inform                   | ation       |  |
| SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION   |             |                    |             |         | DATE (YYYY / MM / DD) |                              |             |  |
| PRINTED NAME OF PERSON SIGNING DECLARATION  |             |                    |             |         | 2016                  | 109/1                        | 7.          |  |
| Savah Leaker  |             |                    |             |         | statement is          | ING: Signing                 | ence and is |  |

subject to significant penalties.