A ETE BOARD	FORM	(CHECK	PORT OF CAMPAIGN <i>APPROPRIATE BOX</i>	(ES) (PLEASE			FOR OF	FICE USE (ONLY
	D 2		Quarterly Report: (<u>check one</u>)		2 nd ,	☐ 4 th			
	D-2		Final Report			514	AE BUARU	OF ELECTION	!S
CLINOIS			Amendment of th	e Report In	dicated Above	1	2 JUI 10	## 10: 45	
Full name and complete mailing address of Political Committee:					POLITICAL COMMITTEE				
15	ass County Rep Oak Grove Lr eardstown, IL	ı					Com 14	mittee ID: 5050	0
e-mail address:				CHE	CK IF ADDRES	S CHANGE	IDI	ENTIFICATIO	N No.
REPORTING PI	ERIOD CA	SH AVA	ILABLE AT THE		,	ALL POLITICAL CO			
4-1-12 6 FROM	THRII	RIOD: \$	G OF THE REPO 3752.17 mount in SECTION D		STATE BOARD O 2329 S MACAR' SPRINGFIELD, IL	THUR BLVD	OR JAME 100 W	TE BOARD OF ELE ES R. THOMPSON RANDOLPH ST, S HICAGO, IL. 60601	CENTER TE 14-100
	SECTION	A – RE	CEIPTS		SI	ECTION B -	EXPENDI	TURES	
1. Individual Cont	tributions				6. Transfers C				
a. Itemized (fro	m Schedule A):	600.00	(1a)	a. Itemize	d (from Schedu	le B): \$	500	(6a)
b. Not-Itemized	l:	\$_	3000	(1b)	b. Not-Iter	nized:	\$	Ø	(6b)
2. Transfers In	.		2.1		7. Loans mad			_	
a. Itemized (from	,	-	Ø	(2a)	ľ	d (from Schedu	· -	Ø	(7a)
b. Not-Itemized: 3. Loans Received		\$	Ø	(2b)		nized:	\$_	Ø	(7b)
a. Itemized (from		: \$	₽	(3a)	8. Expenditure	es d (from Schedu	le B): \$	·	(90)
b. Not-Itemized:	•	_	-	$-\frac{(3a)}{(3b)}$		nized:	· -	22 0X	(8a) (8b)
4. Other Receipts		·	<u> </u>	(35)	9. Independe		· -	JJ41	(OD)
a. Itemized (fror	m Schedule A)	: \$	É	(4a)		d (from Schedul		6	(9a)
b. Not-Itemized:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. \$	Ø	(4b)	b. Not-Iten	nized:	\$	8	— (9b)
TOTAL RECEIF	PTS (1a thru 4	b) \$_	60000		TOTAL EXPEN	DITURES (6a t	hru 9b) \$ _	732	_
*********	******	*****	********	*****		N C - DEBT ude previously		BLIGATIONS	<u> </u>
					,	d (from Schedul		and debis,	(10a)
5. In-Kind Contrib	utions					nized:	· -		(10b)
a. Itemized (fron	n Schedule I):	\$	Ø	(5a)	TOTAL DE	BTS & OBLIGA	TIONS: \$	- 8 -	— ` ′
b. Not-Itemized:		. \$	1	(5b)	Si	ECTION D - (CASH BA	ANCE	
TOTAL I	N-KIND (5a+5	b) \$ _	Ø	_	Cash available a	at the beginning	of the		
Maria 6 dat						the reporting	period: \$	37.52,17	(A)
Name & address	of person sui ommittee's ch	airman o	this report <u>if other</u> or treasurer:	than the	Total Rec	eipts from Sec	ction A: \$	600,00	— _(B)
					T	otal Cash (A) p	olus (B): \$ [1352.17	(C)
					Total Expendi		-	737.00	(D)
						able at the clos			
					reporting	g period (C) mir	nus (D): \$	3/201	7 (E)
						IVESTMENTS	_	(D)	- (F)
				VERIFICAT	ION		-		` '
DECLARE THAT THIS QUESTED BY ME ELECTION CODE. I UNDI	AND TO THE BES	ST OF MY K	(NOWLEDGE AND BELI	EF IS A TRUE.	CORRECT AND COM	IPLETE REPORT A	IS REQUIRED F	RY ARTICLE 9 OF 1	THE
9-22	3.8-						7-1	-12	
SIGNATURE OF CO	MMITTEE'S	DEACH	DED UD CANDIDA.	TE ONLY			<u> </u>	DATE	

THIS FORM MAY BE REPRODUCED

DATE

NAME OF POLITICAL COMMITTEE:	REPORTING PERIOD			FOR OFFICE USE ONLY			
	41.	()— ROM	63012 THRU				
SCHEDU RECEIF							
CHECK THE PART OF FORM D-2, SECTION A, BEING ITEMIZED: Notice Individual contributions Description Descri					POLITICAL COMMITTEE IDENTIFICATION No. 5050 -14		
SEE PAMPHLET "A GUID	DE TO CAMP	AIGN DIS	CLOSURE" FOR	GUIDAI	NCE.		
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIR		EIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD		
Dirkson Chab Dues	5-23-12	\$ 50	EMPLOYER:	Ya/	\$ OCCUPATION:		
		\$	EMPLOYER:		\$ OCCUPATION:		
		\$	EMPLOYER:		\$ OCCUPATION:		
		\$	EMPLOYER:		\$ OCCUPATION:		
		\$	EMPLOYER:		\$ OCCUPATION:		
		\$	EMPLOYER:		\$ OCCUPATION:		
		\$			\$		
		\$	EMPLOYER:		OCCUPATION:		
		\$	EMPLOYER:		OCCUPATION: \$		
			EMPLOYER:		OCCUPATION:		
USE A SEPARATE SCHEDULE A FOR EACH PA	PAGE				AGE OF THIS PART ONLY		

NAME OF POLITICAL COMMITTEE:		REPORT	ING PERIOD	FOR OFFICE USE ONLY			
	-	4-1-17 FROM	6-30-1	2			
SCHI	EDULE	В					
EXPE	NDITURI	ES					
CHECK THE PART O	NG ITEMIZED:			POLITICAL COMMITTEE			
PART #6 TRANSFERS OUT		PART #7	LOANS MADE	=	IDENTIFICATION No.		
EXPENDITURES TO POLITIC COMMITTEES – INCLUDING RAFFLE PURCHASES		PART #8	EXPENDITUR	ES		- /	
SEE PAMPHLET "	A GUIDE TO	CAMPAIGN D	SCLOSURE'	' FOR	GUIDANCE		
ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE OF EXPENDITURE	PURPOSE	BENEFICIARY	EXPEN RE	JNT OF EACH NDITURE THIS EPORTING PERIOD	AGGREGATE AMOUNT THIS REPORTING PERIOD	
Dan Rythroford 220 W. Howard Pontlac, IL 61764	5-23-12	Danation	Dan Rathapi	ت	500 °C	500.00	
					į		
USE SEPARATE SCHEDULE B FOR EACH PA	ARTS 6, 7, & 8		T	OTAL T	HIS PERIOD \$	500.04 OF THIS SCHEDULE	

THIS FORM MAY BE REPRODUCED

PAGE 1 OF 2

REVISED 1/1/11