

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Illinois Green Party

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		8214.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	10728.54									
(c) Total Receipts (from Line 19)	866.00	13287.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11594.54	21502.30								
7. Total Disbursements (from Line 31)	5961.25	15869.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5633.29	5633.29								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Illinois Green Party

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	165.00	1655.00
(ii) Unitemized	701.00	8047.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	866.00	9702.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	866.00	9702.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	3500.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	85.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	866.00	13287.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	866.00	13287.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5961.25	15469.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5961.25	15469.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5961.25	15869.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5961.25	15869.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	866.00	9702.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	866.00	9702.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5961.25	15469.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	85.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5961.25	15384.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Illinois Green Party

A.	Full Name (Last, First, Middle Initial) Mr. Craig Brozefsky	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 2445 N. Albany Apt. #2	Transaction ID: SA11AI.5740
	City State Zip Code Chicago IL 60647	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Matasano Security LLC Occupation programmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.00	

B.	Full Name (Last, First, Middle Initial) Mr. Charles Howe	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 47 Dart Drive	Transaction ID: SA11AI.5757
	City State Zip Code Carbondale IL 62902	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer none Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Mr. Sheldon Schafer	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 1125 West Lake Ave.	Transaction ID: SA11AI.5775
	City State Zip Code Peoria IL 61614	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Lakeview Museum of Arts & Scie Occupation Museum administrator & educator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Illinois Green Party

A.	Full Name (Last, First, Middle Initial) Mr. Richard Whitney		Date of Receipt	
	Mailing Address 1801 New Era Road		M M / D D / Y Y Y Y 06 / 18 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5784
	Carbondale	IL	62901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer self-employed		Occupation attorney		donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional)	25.00
TOTAL This Period (last page this line number only)	165.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Green Party

A.

Full Name (Last, First, Middle Initial)
Ms Paloma Andrade

Transaction ID: SB21B.5820
Date of Disbursement

Mailing Address 4602 S. Trumbull

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

City Chicago State IL Zip Code 60632

Amount of Each Disbursement this Period

70.00

Purpose of Disbursement
lodging, annual national meeting

002
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. Alberto Bocanegra

Transaction ID: SB21B.5819
Date of Disbursement

Mailing Address 4336 S. Washtenaw

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	0

City Chicago State IL Zip Code 60632

Amount of Each Disbursement this Period

70.00

Purpose of Disbursement
lodging, annual national meeting

002
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Busy Beaver Button Co.

Transaction ID: SB21B.5826
Date of Disbursement

Mailing Address 3279 W. Armitage

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

City Chicago State IL Zip Code 60647

Amount of Each Disbursement this Period

787.50

Purpose of Disbursement
buttons

004
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

927.50

TOTAL This Period (last page this line number only) ►

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Green Party

<p>A. Full Name (Last, First, Middle Initial) Committee to Elect Jeremy Karpen State Representative</p> <p>Mailing Address 2445 N. Albany #2</p> <p>City Chicago State IL Zip Code 60647</p> <p>Purpose of Disbursement office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5787</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Elect Jeremy Karpen State Representative</p> <p>Mailing Address 2445 N. Albany #2</p> <p>City Chicago State IL Zip Code 60647</p> <p>Purpose of Disbursement office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5806</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Erie Insurance Co.</p> <p>Mailing Address Hruska Insurance Center 10040 West 190th Place</p> <p>City Mokena State IL Zip Code 60448</p> <p>Purpose of Disbursement Office insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5799</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="217.00"/></p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Green Party

<p>A. Full Name (Last, First, Middle Initial) Hruska Insurance Co.</p> <p>Mailing Address 10040 West 190th Place</p> <p>City Mokena State IL Zip Code 60448</p> <p>Purpose of Disbursement liability insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5801</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1946.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Kane County Green Party</p> <p>Mailing Address c/o Dan Kairis 525 Medford Dr.</p> <p>City South Elgin State IL Zip Code 60177</p> <p>Purpose of Disbursement Kane County Fair booth</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5816</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2211 North First St.</p> <p>City San Jose State CA Zip Code 95131</p> <p>Purpose of Disbursement transaction fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5828</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.47"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2322.47"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Green Party

A.

Full Name (Last, First, Middle Initial)
Ms Laurel L. Schmidt

Transaction ID: SB21B.5808
Date of Disbursement

Mailing Address 203 Parkview

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

City Riverside State IL Zip Code 60546

Amount of Each Disbursement this Period

220.00

Purpose of Disbursement
reimbursement, annual national meeting
Candidate Name

002

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Slicehost

Transaction ID: SB21B.5825
Date of Disbursement

Mailing Address PO Box 1347

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

City St. Louis State MO Zip Code 63188

Amount of Each Disbursement this Period

86.00

Purpose of Disbursement
web hosting
Candidate Name

001

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Michael Smith

Transaction ID: SB21B.5791
Date of Disbursement

Mailing Address 6606 S. Honore

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

City Chicago State IL Zip Code 60636

Amount of Each Disbursement this Period

220.00

Purpose of Disbursement
reimbursement, annual national meeting
Candidate Name

002

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

526.00

TOTAL This Period (last page this line number only)

4592.97
